

Name
in
Full

CERTIFICATE OF DEATH

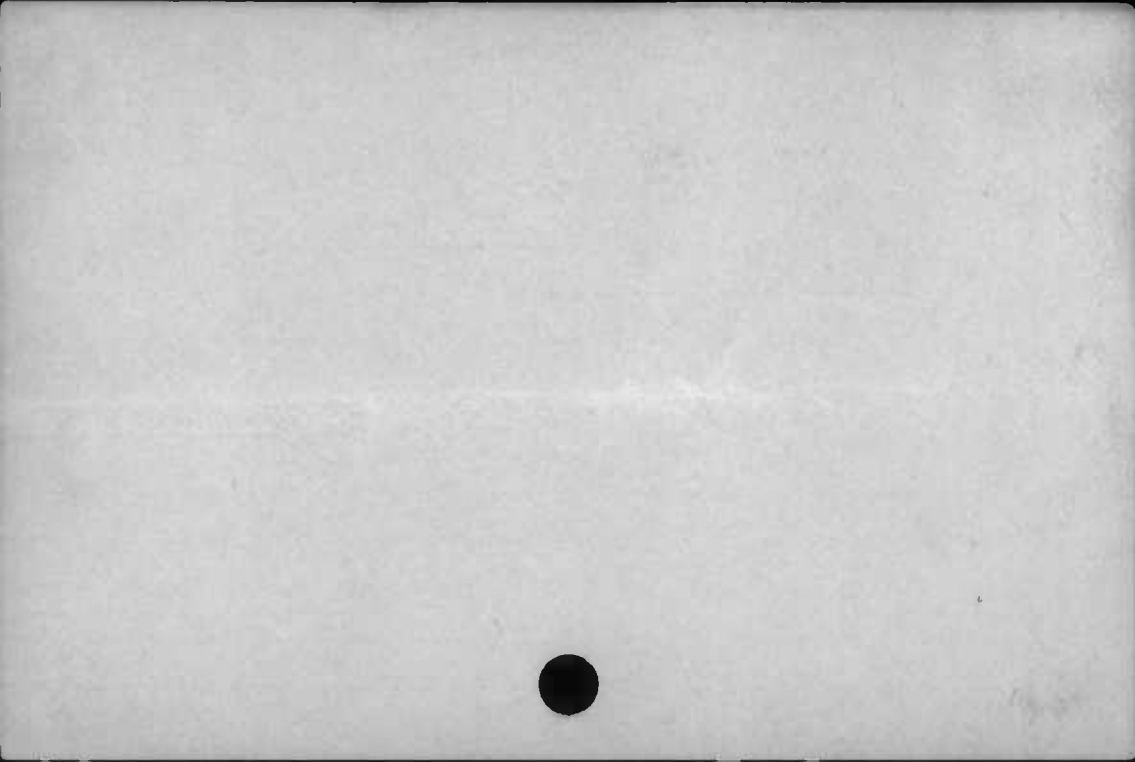
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John F Allen		Town avala		County Baltimore		MARYLAND	
Died at avala		Month Sept		Day Monday		Years 80	
Date of death 1909		Month Sept		Day Monday		Years 80	
Sex male		Color or Race white		Birth-place Virginia		Months 6	
Occupation farmer		Where Residing if not at place of death avala		Days —			
Married, Single or Widowed married		Name of Wife or Husband Lucinda Allen		Father's Name not known		Father's Birthplace not known	
Mother's Maiden Name not known		Name of person giving information J. H. Posther		Mother's Birthplace not known		How related to deceased son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis from age 5 years	How long 5 years
Immediate	Cerebral Hemorrhage	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Arthur Williams
		Address Elk Ridge Ind
Accident or Suicide? no		



Name
in
Full

Frank Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rossville Town Balto County **MARYLAND**

Date of death 1909 Sept Month 1 Day Age 49 Years Months Days

Sex male Color or Race white Birth-place Russia

Occupation laborer Where Residing if not at place of death Rossville

Married, Single or Widowed married Name of Wife or ~~Husband~~ Mary Anderson

Father's Name John Anderson Father's Birthplace Russia

Mother's Maiden Name Maggie Mother's Birthplace Russia

Name of person giving Information John Anderson How related to deceased brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

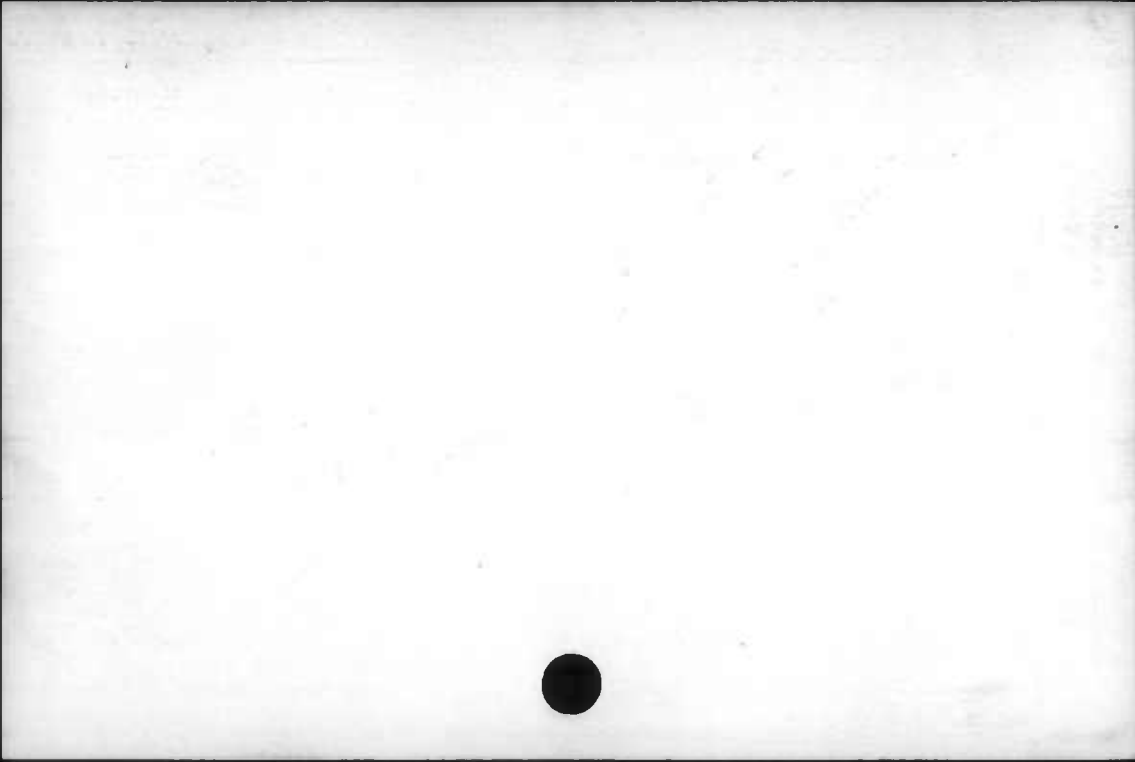
Primary acute Bacterial Dysentery 119 How long 3 weeks

Immediate no other How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John D. Harrison M.D.

Address Middle River Md

Accident or Suicide no



Name
in
Full

William Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND	
Date of death		190	9	Sept	5th	Age	45
Sex		male		Color or Race		white	
Occupation		farmer		Where Residing if not at place of death		Catonsville	
Married, Single or Widowed		Single		Name of Wife or Husband		not married	
Father's Name		William T. Anderson		Father's Birthplace		Md	
Mother's Maiden Name		Ariena Berry		Mother's Birthplace		Md	
Name of person giving Information		Thos. S. Anderson		How related to deceased		half-brother	

CAUSES OF DEATH

79

How long

Lifes

How long

3 Years

Primary

Imbecility

Immediate

Tubercular Heart Disease

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

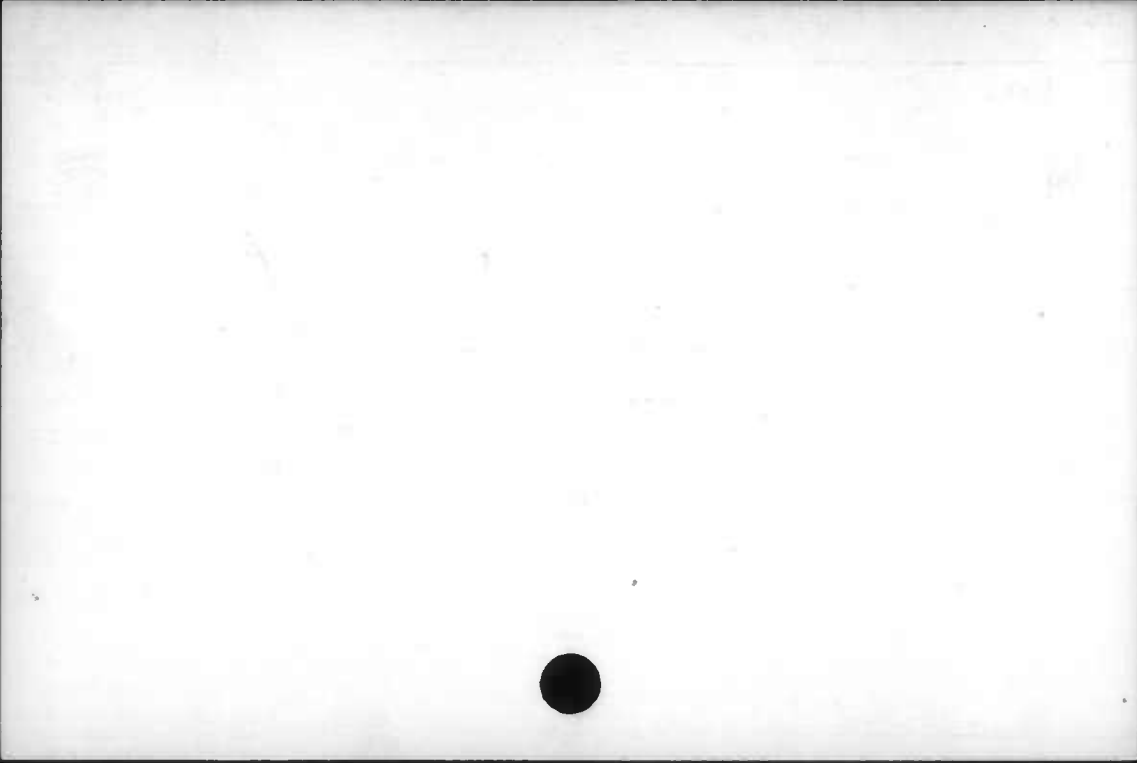
Address

J. Percy Wade
Md. Hospital for Insane
Catonsville, Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Eva L. Amend		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Baltimore	County Baltimore		
	Date of death	1909	Month Sep	Day 10	Age Years 5 Months 3
	Sex	Female	Color or Race	White	Birth-place Maryland
	Occupation	None			
	Where Residing if not at place of death				
	Married, Single or Widowed	Single	Name of Wife or Husband		
	Father's Name	Charles Amend	Father's Birthplace	Maryland	
Mother's Maiden Name	Annie Edelman	Mother's Birthplace	Maryland		
Name of person giving information	Charles Amend	How related to deceased	Father		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Indigestion		How long	20 days
	Immediate	Exhaustion		How long	10 days
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. Szwedzki
				Address	1712 13th St N E
	Accident or Suicide?				

St Matthews Lem

Sep. 12/09

H. J. Sanders

Name
in
Full

Brother Edmund (Beard)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

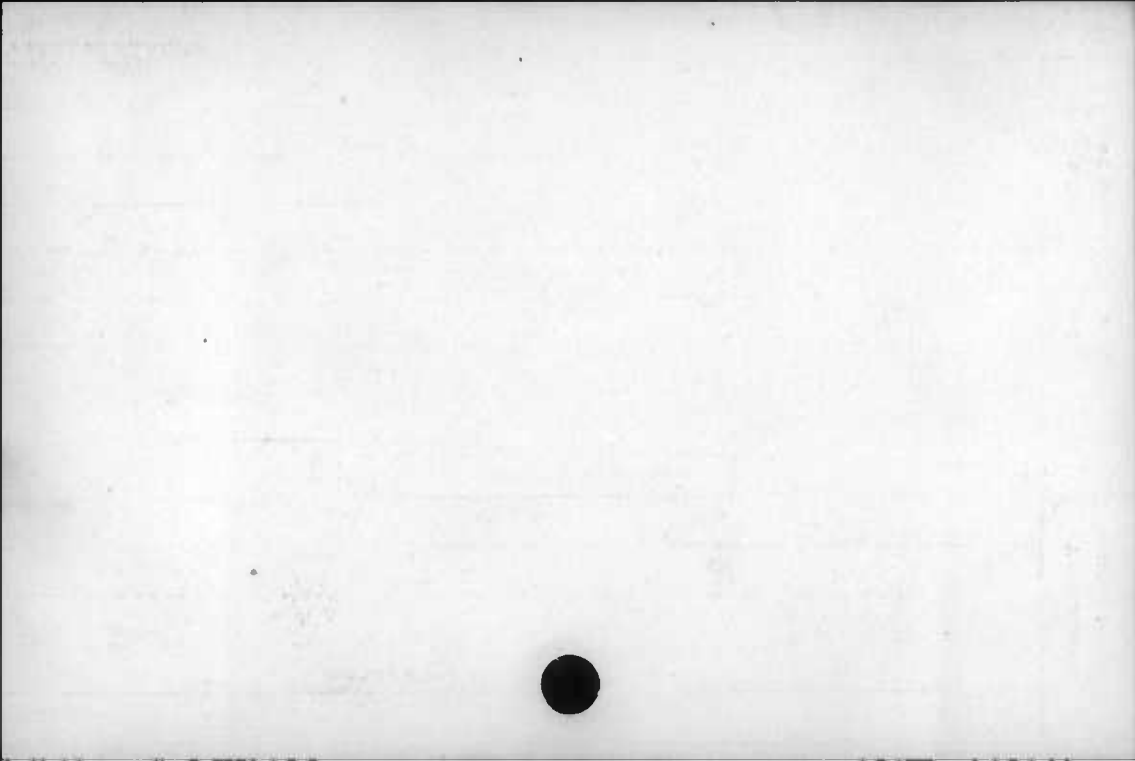
Died at ^{Town} <i>St. Agnes' Hospital</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept.</i>	Day <i>5-</i>	Years <i>35-</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Eng.</i>		
Occupation <i>Navarian Brother</i>	Where Residing if not at place of death <i>Mt. St. Joseph's College</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Brother Paul</i>	How related to deceased				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2-3 yrs. +</i>
Immediate <i>acute fibrinous pericarditis - Mummified</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Fred Y. Crowl</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Barbara Betzold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calonsville</i> ^{Town}		<i>Balle-</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Sept</i>	Day	<i>23</i>
Age		<i>79</i>	Years	<i>7</i>	Months
Sex		<i>Female</i>	Color or Race	<i>white</i>	Birth-place
Occupation		<i>None.</i>	Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow.</i>	Name of Wife or Husband <i>Michael Betzold</i>			
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Serility</i>	How long	<i>few years</i>
Immediate	<i>Cardiac Asthma</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Charles L. Matfield,</i>	
Address		<i>Calonsville</i>	
Accident or Suicide?		<i>md</i>	

Mrs L. P. Puster & Sons

Bonnie. Brae

Baltimore

Md

Name
in
Full

Martha J. Boyd
Wm. Washington Balto

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Sept

22

Age

Years

66

Months

9

Days

20

Sex

Female

Color or
Race

white

Birth-
place

Balto, Co

Occupation

House Keeper

Where Residing if not
at place of death

Wm Washington

Married, Single
or Widowed

Married

Name of Wife or
Husband

John

Boyd

Father's
Name

James Carruck

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary Lilly

Mother's
Birthplace

Balto, Co

Name of person giving
In formation

Dr. Boyd

How related
to deceased

Husband

CAUSES OF DEATH

104

Primary

Jaundice - Hepatic Torpor

How long

3 months

Immediate

Acute Indigestion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

CH Buttern

Address

Wm Washington

Accident or Suicide?

Ind 9

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. Marshall

3539 Fall Road

St. Marys Hampton
Sept 24 ~ 1919

Name
in
Full

CERTIFICATE OF DEATH

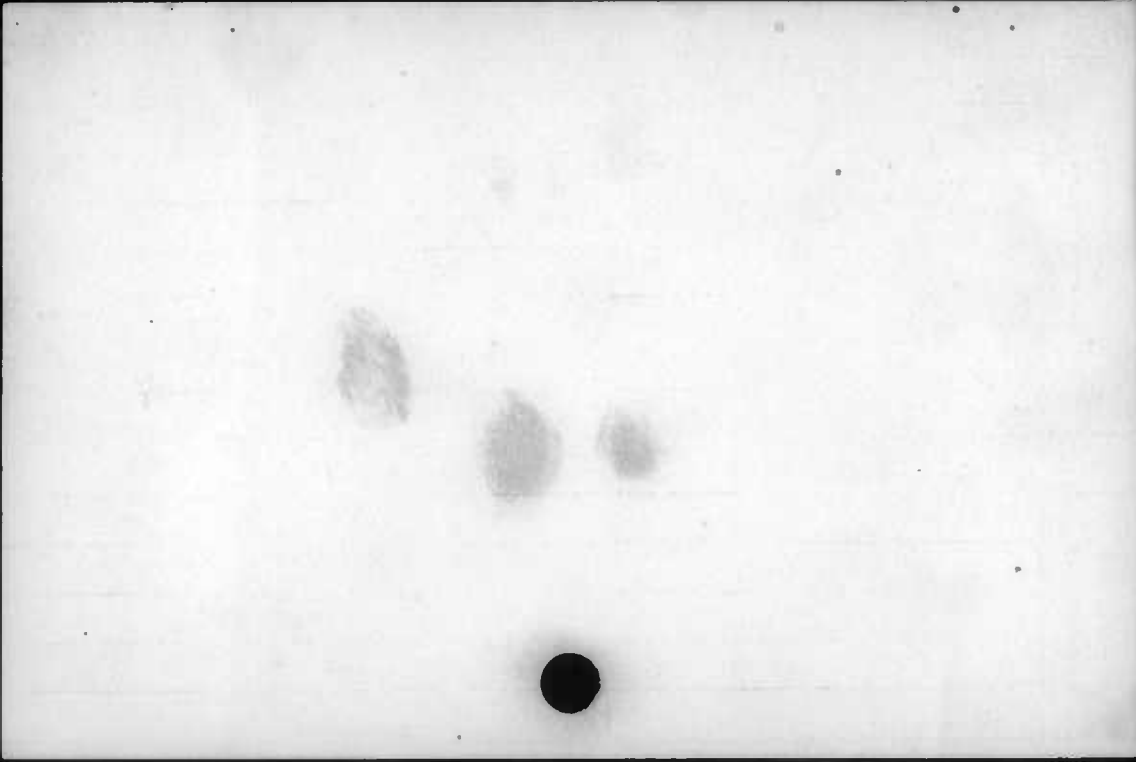
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Drusilla Proctor</i>				County <i>Baltimore</i>				MARYLAND			
Died at <i>Arlington</i>		Town <i>Arlington</i>		County <i>Baltimore</i>							
Date of death <i>1909</i>		Month <i>9</i>		Day <i>1</i>		Age <i>4</i>		Years <i>4</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Arlington, Md.</i>							
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>							
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>John Brooks</i>							
Father's Name <i>John Brooks</i>				Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Lillie Proctor</i>				Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>Mary Linbach</i>				How related to deceased <i>Aunt -</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shio colitis</i>		How long <i>3 weeks</i>	
Immediate <i>Shio colitis</i>		How long <i>_____</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>H. A. Hardisty</i>	
		Address <i>Station E</i>	
		<i>Balt. Md.</i>	
Accident or Suicide?			



Name
in
Full

Alice S. Brown

CERTIFICATE OF DEATH

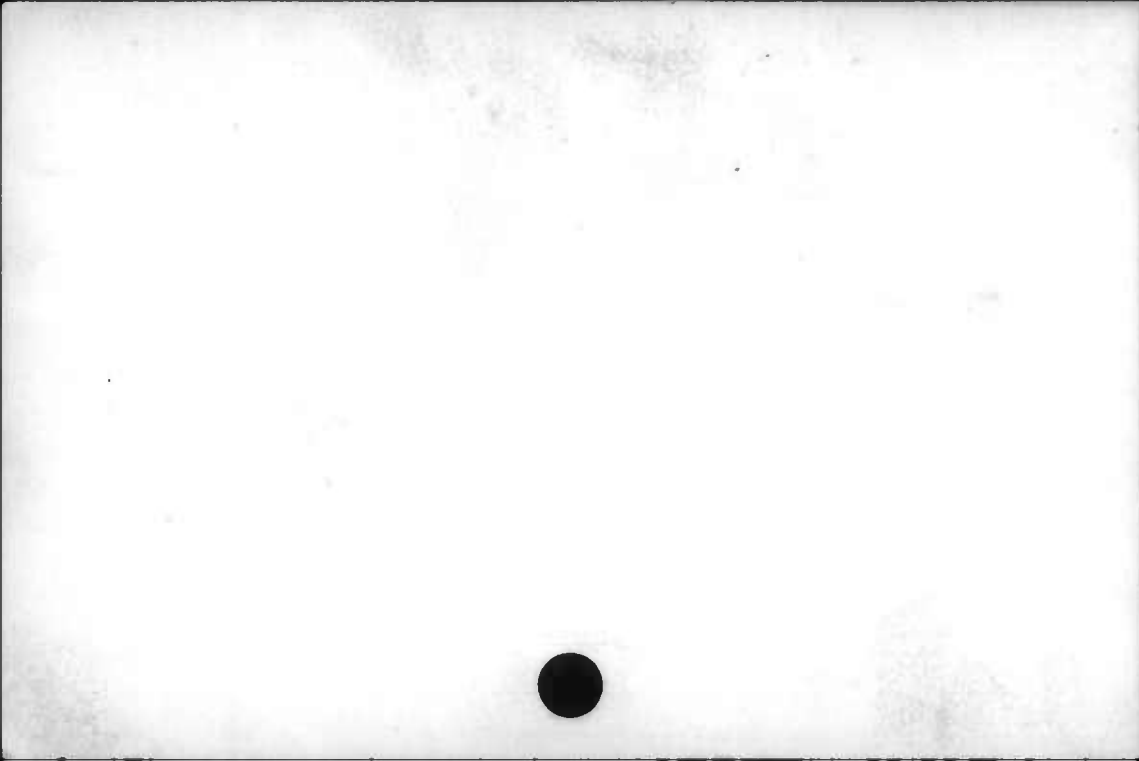
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bradlow</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death 1909		Month 9		Day 25		Age 38		Years	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Harper Co Md</i>		Months		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Brown</i>							
Father's Name <i>Wm Giles</i>		Father's Birthplace <i>Harper Co Md</i>							
Mother's Maiden Name <i>Emily Curtis</i>		Mother's Birthplace <i>Washington DC</i>							
Name of person giving Information <i>Esther Brown</i>		How related to deceased <i>husband</i>							

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Weakness</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm L. H. D.</i>	
<i>Yes</i>		Address <i>Lafta</i>	
Accident or Suicide <i>No</i>		<i>9th L 15</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Rowe Winfield Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dover</i>		County <i>Baets</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>9</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dover Md</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm H. Brown</i>		Father's Birthplace <i>Walden Md</i>					
Mother's Maiden Name <i>Fannie Turnbaugh</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>" "</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

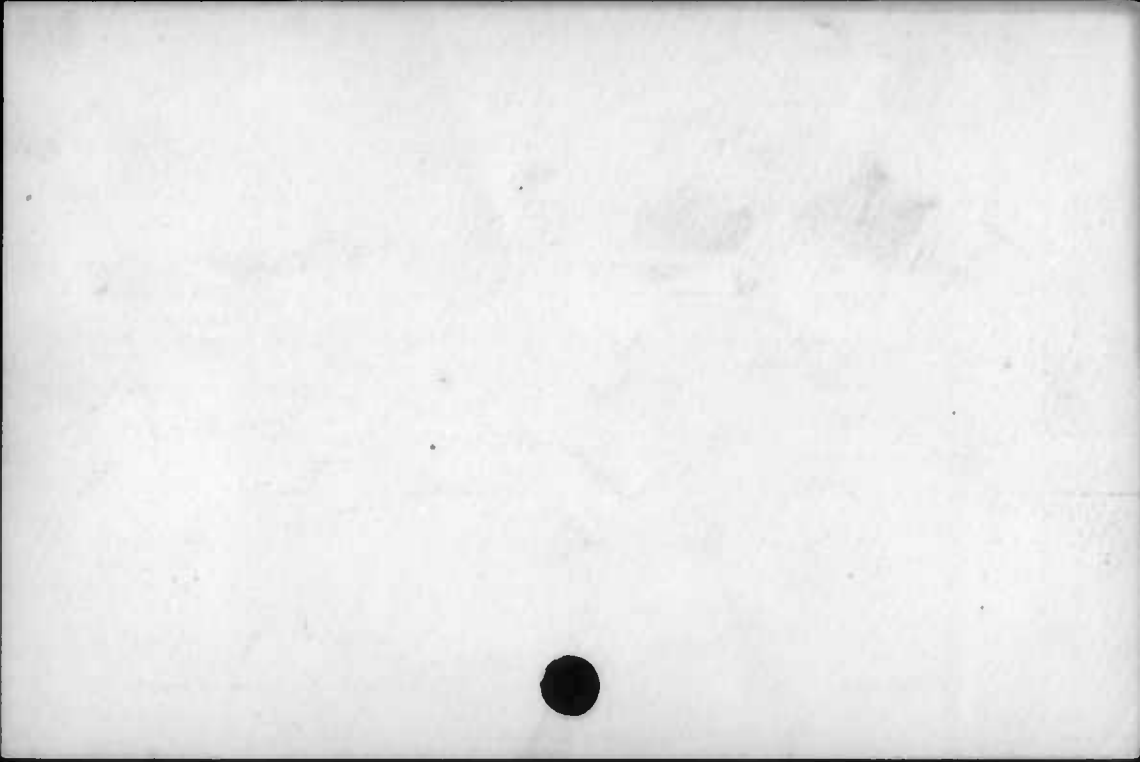
(71) ✓

How long *Don't Know*

How long *12 hours*

PHYSICIAN
OR CORONER

Primary <i>Strangulation</i>	How long <i>Don't Know</i>
Immediate <i>Convulsion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes so far</i>	Signature of Physician <i>J. B. Drach</i>
<i>so I can make out chief dead when I arrived</i>	Address <i>Rockyville Md</i>
Accident or Suicide?	



Name
in
Full

Nancy L. T. Buckler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

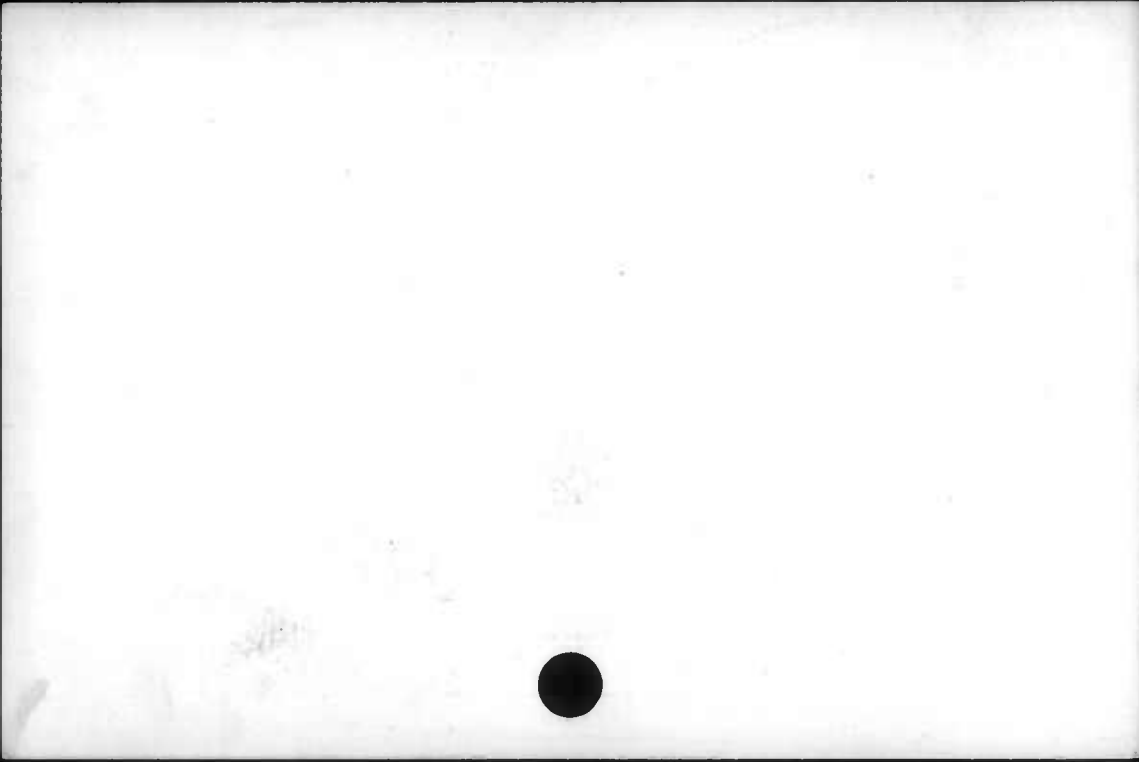
Died at <u>Overlea</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	September	Day	14
Age	63	Years		Months	4
				Days	29
Sex	Female	Color or Race	White	Birth-place	Baltimore City
Occupation	none	Where Residing if not at place of death		Overlea	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm. H. Buckler		Father's Birthplace	Maryland	
Mother's Maiden Name	Budd		Mother's Birthplace	Maryland	
Name of person giving Information	Mrs. Lula M. Schaffetter		How related to deceased	niece	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	about one year
	Asthma	How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. S. Minton M.D.
		Address	1711 E. Baltimore St.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Bruckner) Mary L
Died at Leatonville Baltimore County MARYLAND
Date of death 1909 9 Sept Month 9 Day 43 Age 43 Years Months Days
Sex Female Color or Race White Birth-place Maryland
Occupation Housewife Where Residing If not at place of death X
Married, Single or Widowed Married Name of Wife or Husband George Bruckner
Father's Name Rudolph Siebert Father's Birthplace Germany
Mother's Maiden Name Elizabeth Althoff Mother's Birthplace Germany
Name of person giving Information George Bruckner How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid fever How long 2 weeks
Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Grey Wade
Leatonville, Md

Accident or Suicide

PHYSICIAN
OR CORONERNo.



Name in Full **William Birchall**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Relay Town		Baltimore County		MARYLAND	
Date of death	1909	Month	Sept	Day	9 th
Age		82		Years	9
Sex	male		Color or Race	white	
Occupation	none		Birth-place	Elkton	
Where Residing if not at place of death			[Handwritten mark]		
Married, Single or Widowed	Widower		Name of Wife or Husband	Matilda Turner Birchall	
Father's Name	not known		Father's Birthplace	not known	
Mother's Maiden Name	not known		Mother's Birthplace	not known	
Name of person giving information	Wm Birchall Jr		How related to deceased	son	

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<p>Are the name, age, sex, color, date and place correctly given above?</p>	
<p>Signature of Physician Lawner</p>	
<p>Address Robert b-blark St Denis md</p>	
<p>Accident or Suicide? Suicide</p>	

S. Hilson
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John McDonald Caldwell</i>		Town <i>Texas</i>		County <i>Batts.</i>		MARYLAND	
Died at <i>Texas</i>		Month <i>Sept.</i>		Day <i>26</i>		Age <i>46</i>	
Date of death <i>1909</i>		Months <i>Unknown</i>		Years <i>Unknown</i>		Days <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N. C.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Batts. Co. Almshouse.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>John A. Caldwell</i>		Father's Birthplace <i>N. C.</i>					
Mother's Maiden Name <i>Jane Query</i>		Mother's Birthplace <i>N. C.</i>					
Name of person giving Information <i>House Register</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 mmo.</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilmer C. Enos M.D.</i>
	Address <i>Cockeysville Ind.</i>
Accident or Suicide <i>No.</i>	

John Burns Sons
Touscy

In witness whereof
John Hopkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John S. Carter

Died at

Texas

Town

Balto

County

MARYLAND

Date

of death

1909

Month

Sept.

Day

20th

Age

Years

64

Months

Unknown

Days

Unknown

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Farmer

Where Residing if not
at place of death

Balto Co. Annapolis

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Lewis B. Carter

Father's
Birthplace

Ind.

Mother's
Maiden Name

Louisia Allen

Mother's
Birthplace

Ind.

Name of person giving
Information

House Register

How related
to deceased

None

CAUSES OF DEATH

Primary

Chronic Endocarditis

How long

1 year

Immediate

Pulmonary Edema

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wilmer C. Enos M.D.

Address

Cockeysville

Accident or Suicide?

No.

Ind.

8

Interviewed -

of - Fife M. E. Church

Permit was

given to

Harry Schantz

Bradshaw

McG

Name
in
Full

Thelma Estella Casson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Canton		Balto.					
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept.	28 th	1	1		
Sex	Female	Color or Race	White	Birth-place	Balto. Co.		
Occupation	None			Where Residing if not at place of death	910 S. Clinton St.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George E. Casson			Father's Birthplace	Balto. Co.		
Mother's Maiden Name	Grennie Davis			Mother's Birthplace	Wales.		
Name of person giving Information	George E. Casson			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis, Broncho-Pneumonia & complic.	How long	Two months
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Herbert Schenpich, M.D.
		Address	1013 S. Canton St.
Accident or Suicide	—		

Lilly and Zeiler. —

Oak Lawn Cemetery. —

Sept. 30th / 1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Hamilton</i> <i>Baltimore</i>		MAYLAND	
Date of death	190 <i>9</i> <i>5</i> <i>apt.</i>	Day <i>2nd</i> Age <i>55</i>	Months <i>18</i> Days <i>27</i>
Sex	<i>male</i>	Color or Race	<i>White</i>
Occupation	<i>Retired</i>	Birth-place	<i>Hamilton</i>
Where Residing if not at place of death	<i>Hamilton</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Caroline L. Christopher</i>
Father's Name	<i>Elisha Christopher</i>	Father's Birthplace	<i>Balto Co Md.</i>
Mother's Maiden Name	<i>Mary L. Christopher</i>	Mother's Birthplace	<i>Balto Co Md.</i>
Name of person giving information	<i>Caroline L. Christopher</i>	How related to deceased	<i>Wife</i>

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Alcoholic Cirrhosis Liver</i>	How long	<i>about 1 year</i>
Immediate	<i>Same</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John J. Jack</i>
		Address	<i># 936 E. Monument Baltimore Md.</i>
Accident or Suicide?	<i>—</i>		

Druid Ridge

Name in Full		Francis Ellen Clarke				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Catonsville		Baltimore		MARYLAND			
		Date of death		Month		Day		Years	
		1909		Sept		14		Age 1	
		Sex		Color or Race		Birth-place		Months	
		Female		White		Maryland		2	
		Occupation		Where Residing if not at place of death		Place of Death		Days	
None		—		Place of Death		—			
Married, Single or Widowed		Name of Wife or Husband		—		—			
Father's Name		Samuel B Clark		Father's Birthplace		Baltimore			
Mother's Maiden Name		Margaret K Moore		Mother's Birthplace		Maryland			
Name of person giving information		Samuel B Clark		How related to deceased		Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Convolutions		How long			
		One day		Exhaustion		How long			
		About 7 hours		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		J. H. Macgill		Address			
		Catonsville		Accident or Suicide?		No			

Wilmington Del.

~~(William)~~

Mrs. C. Brewster & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Thomas Coleman
Died at Roland Park Baltimore County

MARYLAND

Date of death 1907 Sept 2 Age 83 4 Months 25 Days

Sex Male Color or Race White Birth-place Kent Co. Md.

Occupation Retired Boiler Manufacturer Where Residing if not at place of death

Married, Single or Widowed Name of Wife Julia Ann Floyd (Coleman)

Father's Name Wm. H. Coleman Father's Birthplace Kent Co. Md.

Mother's Maiden Name Rachael Plummer Mother's Birthplace " " "

Name of person giving Information E. Walter Coleman How related to deceased Son

CAUSES OF DEATH

Primary Senile General Arterio-Sclerosis How long 64 14 years

Immediate Cerebral Arterio-Sclerosis - Coma How long 1 year - 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. Gibson Porter

Address Roland Park Md.

Accident or Suicide No.

PHYSICIAN
OR CORONER

George Schilling & Sons
Funeral Directors

N. W. Car Aqueduct & Monument Sts
Balto Md

Interment in Greenmount Cemetery

Name in Full		TOWN				COUNTY		STATE	
John F Conrad		Catonsville		Baltimore		MARYLAND		CERTIFICATE OF DEATH	
Died at		Date of death		Month		Day		Age	
1909		Sep		17		77			
Sex		Color or Race		Birth-place					
male		white		Germany					
Occupation		Where Residing if not at place of death							
none									
Married, Single or Widowed		Name of Wife or Husband							
Elizabeth Conrad									
Father's Name		Father's Birthplace							
John Conrad		Germany							
Mother's Maiden Name		Mother's Birthplace							
J F Conrad		"							
Name of person giving information		How related to deceased							
J F Conrad		son							
		CAUSES OF DEATH							
		Primary		How long					
		Arterio Sclerosis		2 years					
		Immediate		How long					
		Cardiac Asthenia		2 weeks					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Yes		Geo. Hemmick, M.D.		800 Harbor Ave.					
				Baltimore					
Accident or Suicide?									

Mr. Frank J. Parsons

606 N. Lafayette
Ave.

Name
in
Full

Annie Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

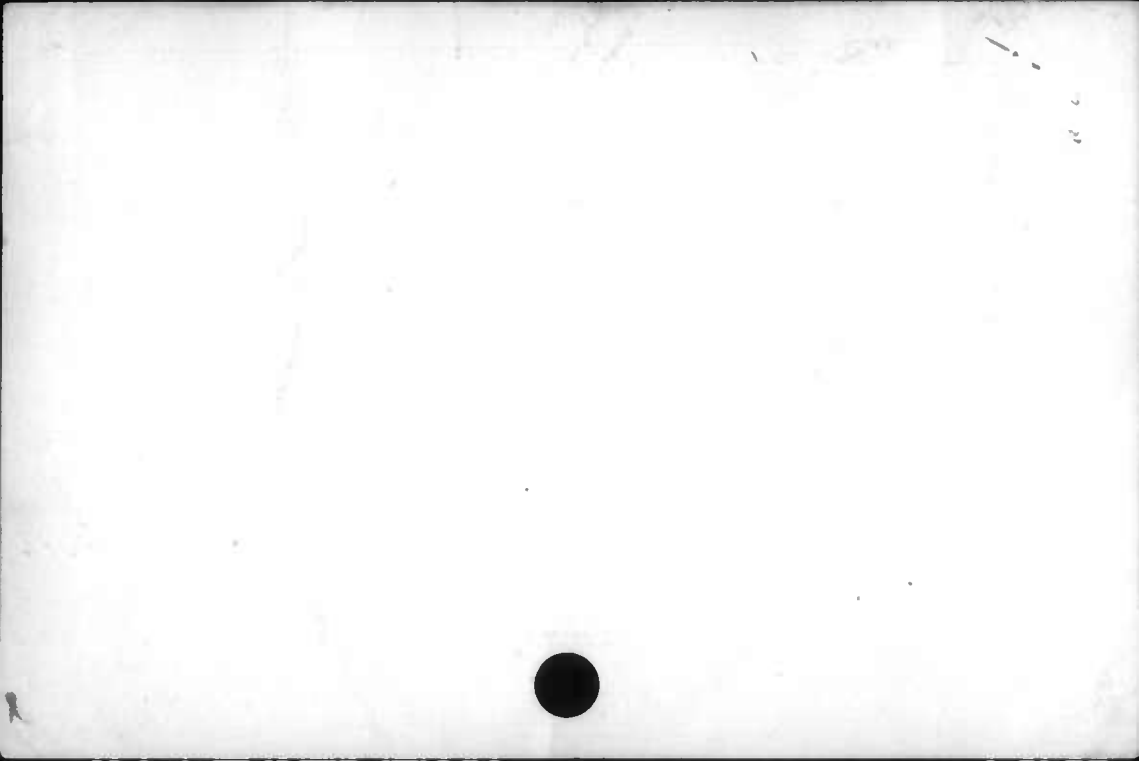
Died at <i>Cummings Mills</i>		County <i>Balto</i>		MARYLAND	
Date of death 1909		Month <i>Sept</i>	Day <i>13</i>	Age <i>7</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Balto co Md</i>		Months <i>7</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Jessie Cook</i>	Father's Birthplace <i>Balto. co. Md</i>		Mother's Birthplace <i>Balto co. Md</i>		
Mother's Maiden Name <i>Amanda Howard</i>	How related to deceased <i>Father</i>		Name of person giving Information <i>Jessie Cook</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>7 or 8 years</i>
Immediate <i>Heart Failure</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Campbell</i>
Accident or Suicide	Address <i>Cummings Mills, Md</i>



Name
in
Full

Annie E. Darling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Garrison Town Balto County
Date of death 1909 Month Sept Day 10 Age 82 Years
Sex Female Color or Race white Birth-place Hanford co Md
Occupation None Where Residing if not at place of death
Married, Single or Widowed widow Name of Wife or Husband Grace Darling
Father's Name Unknown Father's Birthplace And
Mother's Maiden Name And Mother's Birthplace And
Name of person giving Information Jessie J. Collins How related to deceased Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Infirmities of Age How long about 6 weeks
Immediate Heart Failure How long 2 1/2 hours
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician W. H. Campbell
Address Cornings Mills Ind
Accident or Suicide

Joseph Elvire
Buried at
Pacateron -

Name
in
Full

Edward M. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wesport Town Balto County MARYLAND

Date of death 190 9 Month 9 Day 19 Age 46 Years — Months — Days —

Sex Male Color or Race white Birth-place va

Occupation Traveling Salesman Where Residing if not at place of death Lynchburg va

Married, Single or Widowed Widower Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information H. H. Mahool How related to deceased None

CAUSES OF DEATH

162

PHYSICIAN
OR CORONER

Primary Struck by Electric Car How long Immediately

Immediate Head Reversed from Body How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician August W. Miller Coroner Mr Winans

Address Balto to Md

Accident or Suicide —

G. J. Brink - undertaker

Name
in
Full

Johanna Decker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grange</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sep.</i>	Day <i>11</i>	Age	<i>70</i>	Months <i>5</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>_____</i>				
Father's Name	<i>John Kaiser</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Not Known</i>					Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Theresa Feit</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Hepatitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Gastritis</i>	How long	<i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Dr. F. A. Glantz.</i>
		Address	<i>3241 East Ave.</i>
Accident or Suicide?			

Mount Carmel

Sep. 14/09

J. J. Anderson & Sons

Name
in
Full

Virginia Deffenbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillen Road</i>		Town		County <i>Balto</i>		State <i>MARYLAND</i>	
Date of death	1909	Month	Sept	Day	6	Age	Years <i>—</i> Months <i>8</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		<i>Hillen Road</i>		
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband		<i>—</i>		
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>—</i>
Name of person giving Information	<i>unknown</i>					How related to deceased	<i>—</i>

CAUSES OF DEATH

Primary	<i>Brain trouble</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

E. H. Duncan
Gorantown

Address

PHYSICIAN
OR CORONER

Ascertained & Certified

md 9

Mr. Cannon
Secretary
Tooth Turner
Underwriter

Name
in
Full

Andrew DeFrank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>230 Bouldin St</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>Sept 3 1909</u>	Month <u>Sept</u>	Day <u>3</u>	Age <u>1</u>	Years <u>0</u>	Months <u>2</u>	Days <u>14</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>					
Occupation <u>None</u>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <u>Mary Smith & Leonard DeFrank</u>				
Father's Name <u>Leonard DeFrank</u>			Father's Birthplace <u>Italy</u>				
Mother's Maiden Name <u>Mary Smith</u>			Mother's Birthplace <u>U.S.</u>				
Name of person giving information <u>Leonard DeFrank</u>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>93</u>
Immediate		How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. J. Valentine</u>
		Address <u>161 Bond St</u>
Accident or Suicide?		

Wendell Dippel & Son.

Holy Rosary Comm.

- J.P.M. - Sept. 4th / 1909.

Name
in
Full

Mary Deikeer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fullerton ^{County} B. Cal. **MARYLAND**
Date of death 1909 ^{Month} Sept ^{Day} 22 ^{Years} Age ^{Months} ^{Days} 2
Sex Female ^{Color or Race} white ^{Birth-place} Md.
Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Philip Deikeer

Father's Birthplace

Md.

Mother's Maiden Name

Maggie Deikeer

Mother's Birthplace

Md.

Name of person giving Information

How related to deceased

Mother

CAUSES OF DEATH

Primary

Calamity

How long

3 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

y

Signature of Physician

Address

C. V. Deikeer
Baltimore, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Entermett St Johns

Cent

Harford Road

Geo W. Goanman

undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

1909

Sept

20

Age

10

Sex

Male

Color or

Race

White

Birth-

place

Baltimore

Occupation

None

Where Residing if not

at place of death

Same

Married, Single

or Widowed

Single

Father's

Name

Adam Dimattio

Father's

Birthplace

Baltimore

Mother's

Maiden Name

Kirsten Dunaway

Mother's

Birthplace

Maryland

Name of person giving

Information

Adam Dimattio

How related

to deceased

Father

CAUSES OF DEATH

95

Primary

Marasmus

How long

6 mo

Immediate

Pulmonary Edema

How long

3 days

Are the name, age, sex, color, data

and place correctly given above?

Signature of

Physician

Address

J. D. Sudler M.D.

3323 E. Baltimore St.

Accident or Suicida

PHYSICIAN
OR CORONER

Silly ^{and} Zeile

403 S. Weyss St.

1 Holy Redeemer Church.

— Sept 8th / 09. —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Raymond L. Derry</i>		Town <i>Lupus</i>		County <i>Rockville</i>		MARYLAND	
Died at <i>Lupus</i>		Month <i>Sept</i>		Day <i>15</i>		Years <i>20</i>	
Date of death <i>1909</i>		Age <i>1</i>		Months <i>1</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Lupus Md</i>			
Occupation <i>House</i>		Where Residing if not at place of death <i>Lupus Md</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Samuel Derry</i>		Father's Birthplace <i>Washington D.C.</i>					
Mother's Maiden Name <i>Carrie Ransom</i>		Mother's Birthplace <i>Baltimore Md</i>					
Name of person giving information <i>Samuel Derry</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	How long <i>3 1/2 weeks</i>
Immediate <i>Garbo. Entrustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. Brown</i>
	Address <i>Rockville</i>
Accident or Suicide? <i>No</i>	<i>No</i>



Name in Full		Raymond LeRoy Dorsey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?						

Laural Bennett

Name
in
Full

Mary Elizabeth Eichelberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Parkville		^{County} Baltimore		MARYLAND	
Date of death	1909	Month	Sept	Day	3.
Age	79	Years	8	Months	5
Sex	Female	Color or Race	White	Birth place	Fredrick Co. Md
Occupation	None	Where Residing if not at place of death		Parkville Baltimore Md.	
Marr'd, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name	John H. Knauff	Father's Birthplace		Md	
Mother's Maiden Name		Mother's Birthplace		Md	
Name of person giving Information	J Frank Eichelberger	How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fractured Femur	How long	3 weeks
Immediate	Hypostatic Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Geary P. Long M.D.
		Address	Hamilton Md
Accident or Suicide	No		9

for B Cook Undertaker
Frederick
Md

Name
In
Full

William Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	7	80		4	1
Sex		Color or Race		Birthplace			
Male		White		Chesler, Pa			
Occupation		Where Residing if not at place of death					
Farmer		Nanun Balti-Co. Md					
Married, Single		Name of Wife or Husband					
		Mary Elizabeth Evans					
Father's Name		Father's Birthplace					
Charles Evans		Chesler, Pa					
Mother's Maiden Name		Mother's Birthplace					
Mary Bailey		Chesler, Pa					
Name of person giving information		How related to deceased					
Mary Elizabeth Evans		Wife					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	La. grippe + Bronchitis	How long	18 months
Immediate	Pulmonary Hemorrhage	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. H. Benson	
		Address	
		Cochesville	
Accident or Suicide?			
No		mcs	

Funeral at Poplar
on Thursday Sep 9

M. C. Brooke

Name
in
Full

(Mrs) Eleanor Taylor (Eyer)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lowson		County Bald		MARYLAND	
Date of death	1909	Month Sep.	Day 24	Age	64	Months 4	Days —
Sex	Female		Color or Race	White		Birth- place	Md.
Occupation	Housewife		Where Residing if not at place of death		Lowson		
Married, Single or Widowed	Widow		Name of Wife or Husband		Caleb S. Taylor		
Father's Name	Robert Moore					Father's Birthplace	Ireland
Mother's Maiden Name	Mary Mc Elbowney					Mother's Birthplace	Ireland
Name of person giving In formation	Robert W. Taylor					How related to deceased	Son

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Nervous Prostration		How long	10 days
Immediate	Cardiac Asthenia		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. Fox Stm Green W. S.
			Address	Lowson Md.
Accident or Suicide?				

Stewart Mowen Co
Funeral Directors
215 Park Ave

for Interment in
Prospect Hill Cemetery
Torrison, Md.

September 26th/09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James L. Filon*

Died at *St. Agnes' Hospital* *Baltimore* County

Date of death *1909* *Sept.* *11* *59* Months Days

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Hotel Proprietor* Where Residing if not at place of death *Mt. Holly, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Filon*

Father's Name *Michael Filon* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Piper* Mother's Birthplace *Md.*

Name of person giving information *Mrs. Mary Filon* How related to deceased *Wife*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary *partial obstruction - intestinal* How long *11 mos.*

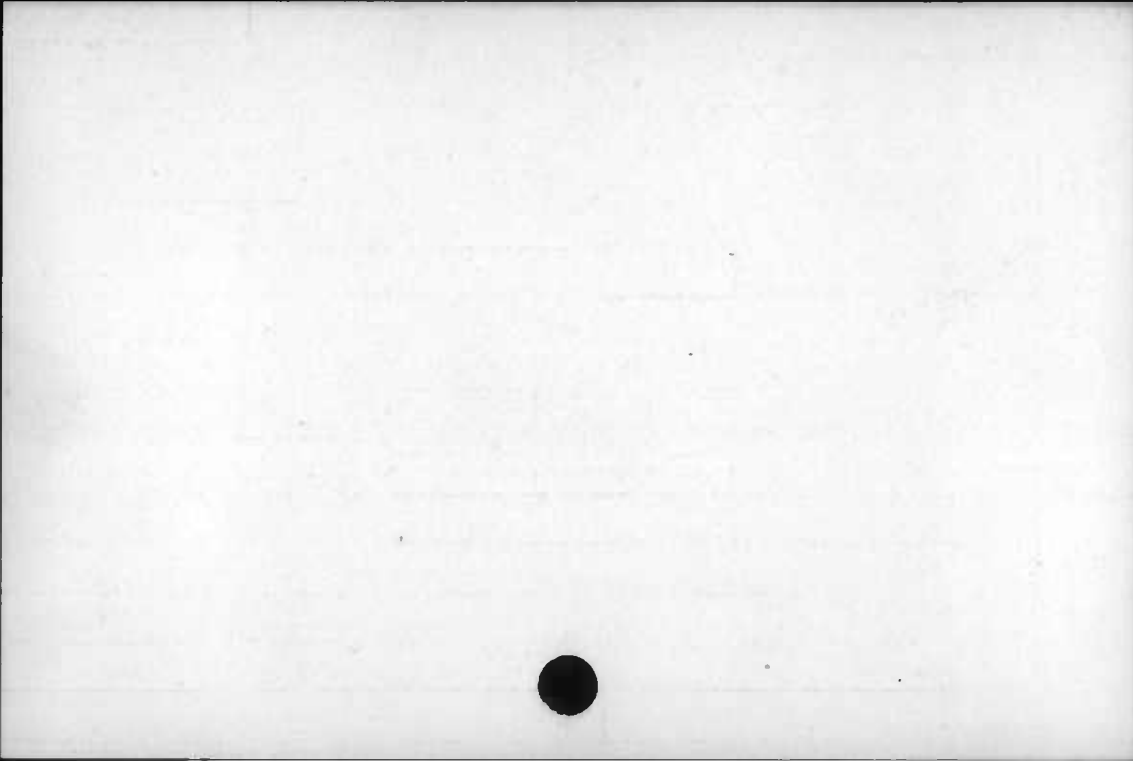
Immediate *Pulmonary Embolism - 1st. operation* How long *1/2 hr.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Fred W. Cronk*

Address *St. Agnes Hospital*

Accident or Suicide? *no*



Name
in
Full

Englin Dorothy Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

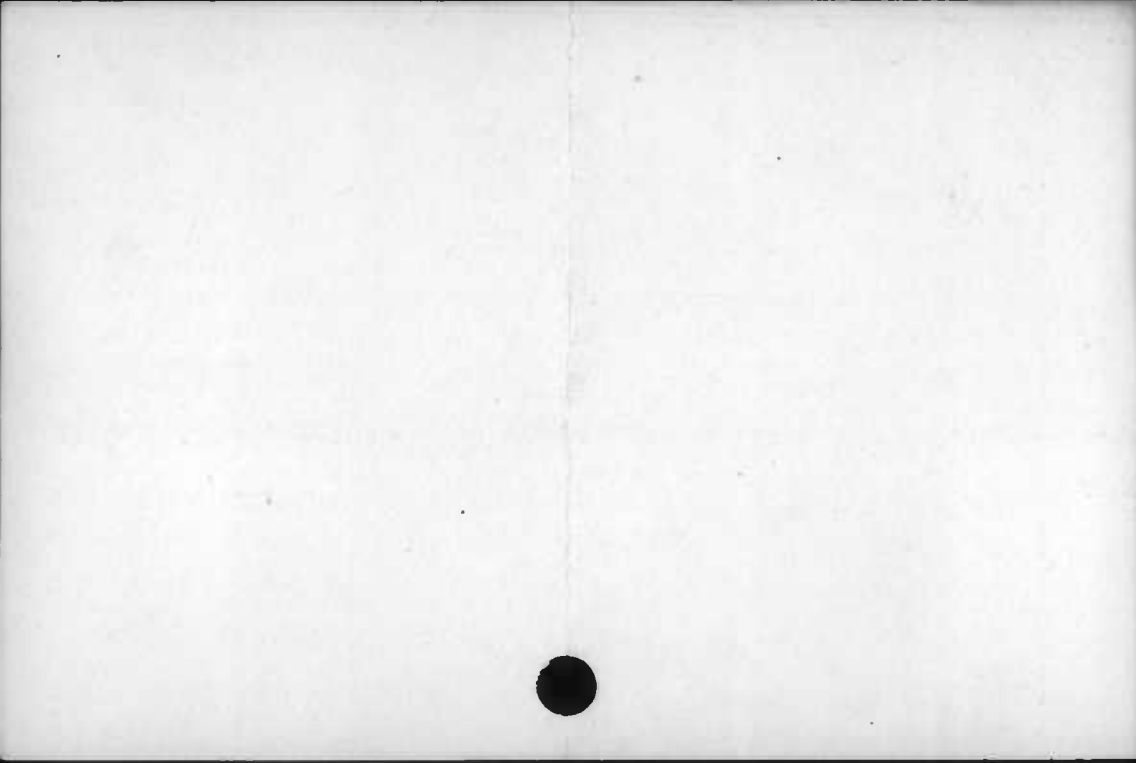
Died at <u>Warren</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	Sept	Day	3
Age		Years	—	Months	2
Sex		female	Color or Race	White	Birth-place
Occupation		—		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		James Henry Fisher		Father's Birthplace	
Mother's Maiden Name		Ellie Lee Munch		Mother's Birthplace	
Name of person giving information		Ellie Lee Fisher		How related to deceased	
				mother	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Pneumonia Bitch	How long	2 months
Immediate	Gastric Enteritis	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. B. R. Benson	
Address		Cochranville	
Accident or Suicide?		No	



Name
in
Full

Eli Lewis Martin Fishpaw

CERTIFICATE OF DEATH

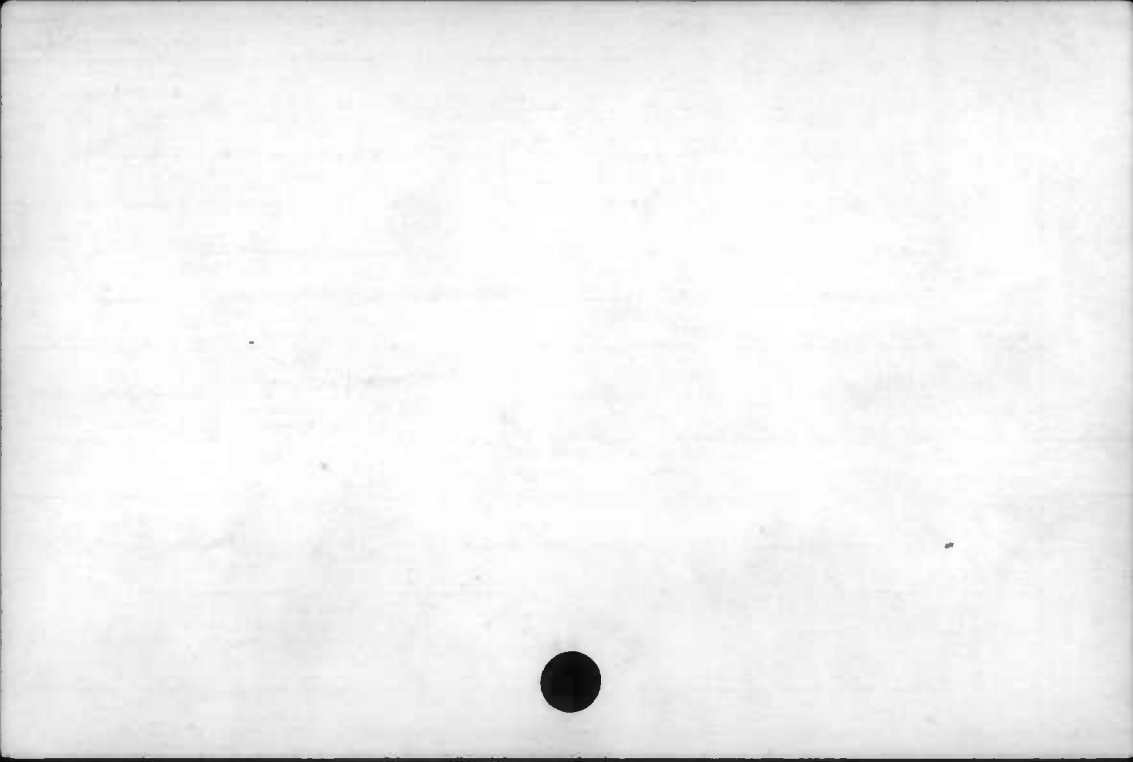
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owennings Mills</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month}	<i>17</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Owennings Mills Balt Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Beverly Fishpaw</i>	Father's Birthplace <i>Balt Co Md</i>				
Mother's Maiden Name <i>Mary Jones</i>	Mother's Birthplace <i>Balt Co Md</i>				
Name of person giving Information <i>Beverly Fishpaw</i>	How related to deceased <i>Father</i>				

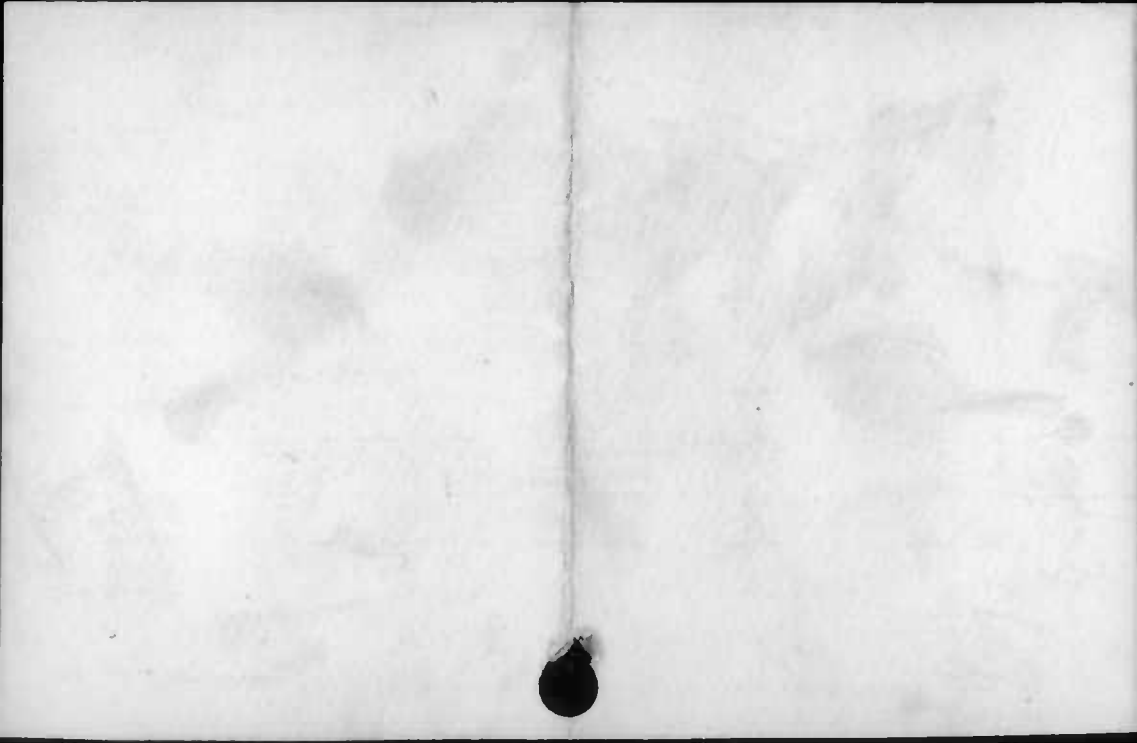
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8</i> ⁷
Immediate <i>Cholera Infantis</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Skade</i>
	Address <i>Reston town</i>
Accident or Suicide	



Name in Full <i>Anna Alla Foster</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Glencoe</i> Town		<i>Balto</i> County
	Date of death <i>1909</i> Month <i>9</i> Day <i>14</i>		Age <i>—</i> Years Months <i>6</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Glencoe Md</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Herbert Foster</i>	Father's Birthplace <i>Glencoe Md</i>	
Mother's Maiden Name <i>Lilah Euse</i>	Mother's Birthplace <i>Butler Md</i>		
Name of person giving information <i>Herbert Foster</i>	How related to deceased <i>Father</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(179)</div>			
PHYSICIAN OR CORONER	Primary <i>General anaesthesia</i>		How long <i>From Birth</i>
	Immediate <i>Exhaustion</i>		How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>J. H. Drach Md</i>
			Address <i>607 Eganville Md 10</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	14			11	
Sex	Male	Color or Race	White	Birth-place	Balto. Co.		
Occupation	None	Where Residing if not at place of death		903 E. First St.			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Edward Gallup			Father's Birthplace	Orl		
Mother's Maiden Name	Lena Leichter			Mother's Birthplace	Balto. Co.		
Name of person giving Information	Edward Gallup			How related to deceased	Father		

CAUSES OF DEATH

Primary	Gastro-Enteritis	How long	105
Immediate		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. P. Ahroon
		Address	820 N. Eutaw St.
Accident or Suicide			

PHYSICIAN
OR CORONER

Mount Carmel

Sept 16th 1909

JP Nicolaus & Son
1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Gilmore
 Town *Baltimore* County *Balto.* MARYLAND

Died at *Baltimore* Month *9* Day *3* Age *6* Months *14* Days

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Baltimore B. Co.*

Occupation *None* Where Residing if not at place of death *808 S. First St.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Alexander P. Gilmore* Father's Birthplace *Ireland.*

Mother's Maiden Name *Anna Birney* Mother's Birthplace *Ireland*

Name of person giving Information *Alexander P. Gilmore* How related to deceased *Father.*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro-Enteritis* How long *2 weeks*

Immediate *asthenia* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. J. McAnany MD* Address *889 S. Canton*

Accident or Suicide

Silly 3^d Trailer

403 S. Wolfe St.

Sacred Heart cemetery

Sept. 4th 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Glass, Jr. R
Died at Eastman's North Point Baltimore County

MARYLAND

Date of death 1909 Sept 20 Age 36 Months Days

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sophia Wojtusinski

Father's Name John Glass Father's Birthplace Germany

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving information Sophia Glass, Jr's wife How related to deceased

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long about one year

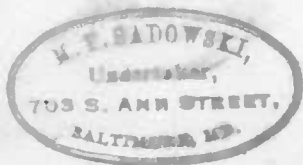
Immediate Ex haematuria How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Albrecht Cotton

Address 1828 E. Baltimore

Accident or Suicide?



St. Stanislaus.

Name
in
Full

Louisa J. Grampp

CERTIFICATE OF DEATH

Died at

Highlandtown

Balto.

MARYLAND

Date

of death

1909

Month

9

Day

10

Age

Years

—

Months

—

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Balto Co.

Occupation

—

Where Residing if not
at place of death

3726 Mt. Pleasant
on

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Wm Grampp

Father's
Birthplace

Germany

Mother's
Maiden Name

Josephine Miller

Mother's
Birthplace

New York

Name of person giving
Information

Wm Grampp

How related
to deceased

Father

CAUSES OF DEATH

104

Primary

Perinatal Birth

How long

8th mo

Immediate

Acute Endocarditis

How long

5 wks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

148 1/2 Jun

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Trinity born,

Hennigson

9/11/09

William Grimm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Scar Freeland</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>9</i>	Day <i>28</i>	Age <i>79</i>	Months <i>7</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Hoffmanville</i>		
Occupation <i>Plasterer</i>			Where Residing if not at place of death <i>ind</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Isadora Grimm</i>			
Father's Name <i>Jacob Grimm</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Mary Bollinger</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>Isadora Grimm</i>			How related to deceased <i>Wife</i>		

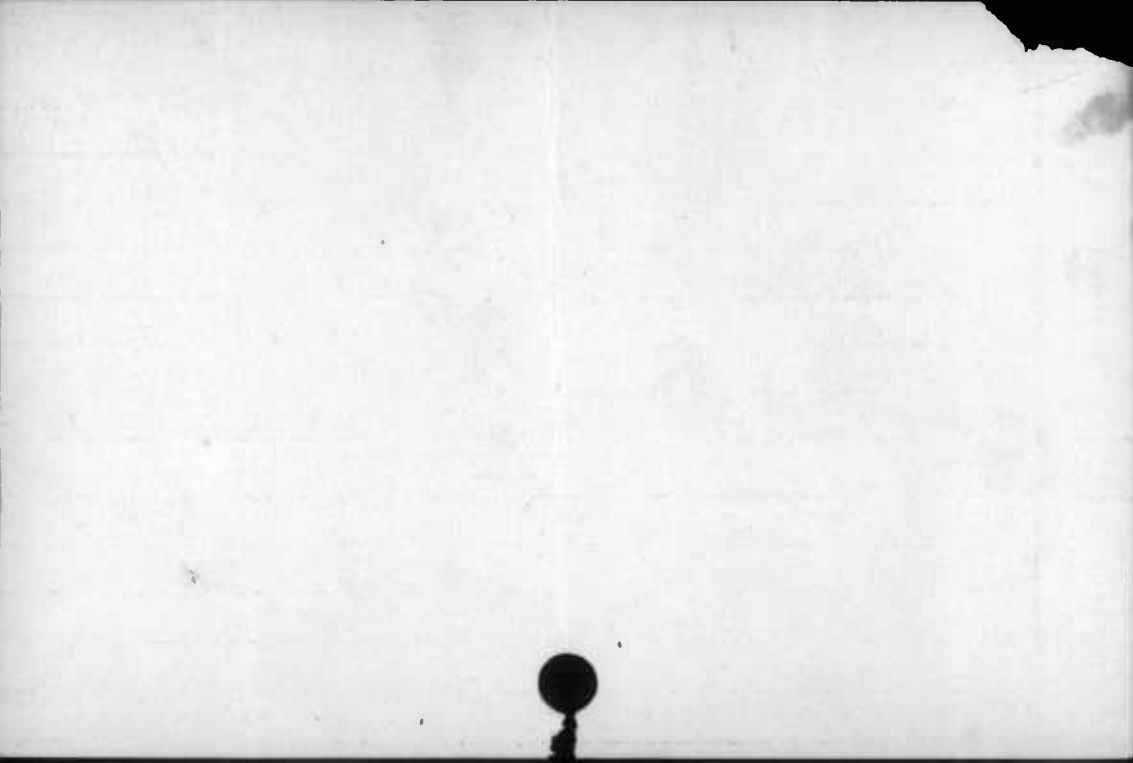
CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary	<i>Cystitis + Inflammation of old age</i>	How long	<i>Two weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Pesh, M.D.</i>	
		Address <i>Hamptoad, ind</i>	
Accident or Suicide?			

6



Name
in
Full

CERTIFICATE OF DEATH

Joseph Handy
Died at *Hillville* Town

Balto County

MARYLAND

Date of death 190*9* *9* Month *28* Day Age *54* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Caroline Handy*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Caroline Handy* How related to deceased *Wife*

Cause of hemorrhage unknown

CAUSES OF DEATH

99

Primary *Taken with Hemorrhages* How long *4 days*

Immediate *Hemorrhage of lungs* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *August W. Mills, M.D.*

no physician in attendance Address *Mr W. M. Jones*

Accident or Suicide *Accidental* *Balto to Md 13*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alex. Hensley

Ent Auburn Cont

Name
in
Full

Beunaquod Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Linnomon		County Baltimore		MARYLAND	
Date of death		1909	Month Sept	Day 26	Age 9	Months 9	Days 19
Sex		Female		Color or Race		White	
Birth-place		Linnomon Md					
Occupation				Where Residing if not at place of death			
Infant							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Harmon				Father's Birthplace	
Mother's Maiden Name		Ada Parks				Mother's Birthplace	
Name of person giving information		John Harmon				How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	4 months
Immediate	Inanition	How long	Four weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. R. Hanson	
Address		Backsville Md	
Accident or Suicide?			

Funeral of Saters
Tuesday 28th +

M. C. Brooks

Name
in
Full

Maria Hanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Patapeco River ^{Town} Balto ^{County} MARYLAND

Date of death 190 9 ^{Month} 9 ^{Day} 5 ^{Age} 5 ^{Months} 1 ^{Days} ..

Sex Female Color or Race White Birth-place

Occupation non Where Residing if not at place of death 1119 N Appleton

Married, Single or Widowed sin Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Mrs Hanner How related to deceased 172

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Accidental Drowning How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. S. Sudler

Address 3343 E Balto St

Accident or Suicide

John Herwig & Son

Remains to
2008 Orleans St. —
City.

Name
in
Full

Richard Hawkins

CERTIFICATE OF DEATH

Died at <u>Pikesville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	190 <u>9</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>55</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Carroll Co</u>		
Occupation <u>Farm Hand</u>	Where Residing if not at place of death <u>Pikesville</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>				
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Do not know</u>				
Name of person giving Information <u>W. W. Russell</u>	How related to deceased <u>None</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

56

Primary	<u>Acute Alcoholism</u>		How long <u> </u>
Immediate	<u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>William Coghlan acting Coroner</u>	Address <u>Pikesville Md.</u>	
Accident or Suicide <u> </u>			

PHYSICIAN
OR CORONER

James H. Dennis

Odd Fellows Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

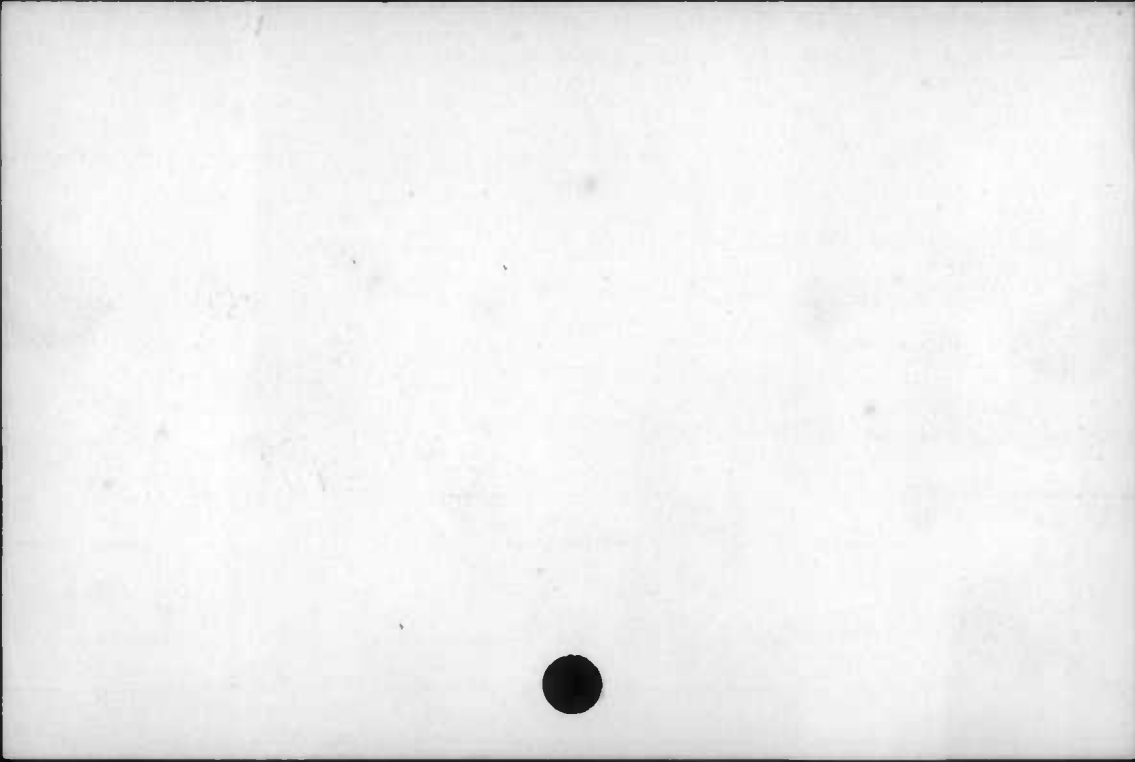
Died at <i>Leatonsville</i> <small>Town</small>		<i>Butte</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Sept</i>	Day	<i>3</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Age	<i>85</i>
Occupation	<i>None</i>	Birth-place	<i>Virginia</i>	Months	
Where Residing if not at place of death		<i>x</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>x</i>		
Father's Name	<i>Wm Haydon</i>	Father's Birthplace	<i>va</i>		
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace	<i>France</i>		
Name of person giving information	<i>Wm T. Haydon</i>	How related to deceased	<i>Nephew</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>1 yr.</i>
Immediate	<i>Brncho-Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Percy Wade</i>
		Address	<i>Leatonsville, Md.</i>
Accident or Suicide?	<i>No.</i>		



Name
in
Full

Robert R. Hayward

CERTIFICATE OF DEATH

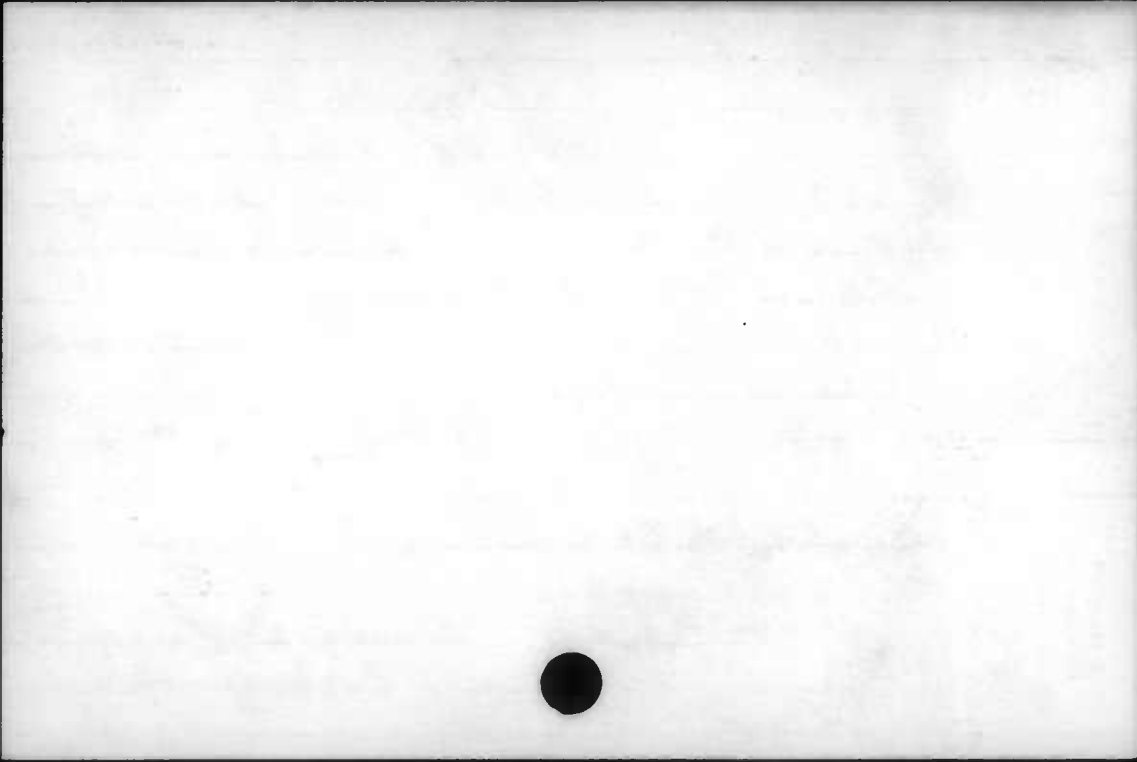
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Hamilton		County Baltimore		MARYLAND	
Date of death	Month Sept	Day 18	Age Years 66	Months	Days 8
Sex male	Color or Race white		Birth-place Maryland		
Occupation Carpenter			Where Residing if not at place of death		
Married, Single or Widowed Widowed		Name of Wife or Husband Catherine D. Hayward			
Father's Name Not Known			Father's Birthplace Not Known		
Mother's Maiden Name Rebecca Rose			Mother's Birthplace Not Known		
Name of person giving Information Albert R. Hayward			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} valvular disease of the heart	How long	} about 2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Grohans MD	
		Address 1303 Light St Baltimore	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Henrietta Heningerling		County Batts.		MARYLAND	
Died at Texas		Town Batts.		State MARYLAND	
Date of death	1909	Month 9	Day 13	Age 90	Years unknown
Sex Female	Color or Race White	Birth- place Germany	Months unknown		
Occupation Housewife	Where Residing if not at place of death Batts Co. Alhoushouse		Days unknown		
Married, Single or Widowed Widowed	Name of Wife or Husband unknown				
Father's Name unknown	Father's Birthplace unknown				
Mother's Maiden Name unknown	Mother's Birthplace unknown				
Name of person giving Information Register Batts. Co. Alhoushouse	How related to deceased None				

CAUSES OF DEATH

Primary Scurvy & Acute Enteritis	How long 106
Immediate Exhaustion	How long 1 week - 1 day
Are the name, age, sex, color, data and place correctly given above? Yes	Signature of Physician Hibner C. Enson M.D.
Accident or Suicide No	Address Cockeyville Ind.

PHYSICIAN
OR CORONER

John Herring Son
2008 Orleans St

9/14

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry H. Herman* Town *Gorant* County *Balto* MARYLAND

Died at *Gorant*

Date of death 1909 *Sept* Day *10th* Age *45* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *not known*

Occupation *clerk* Where Residing if not at place of death *Worfolk Va.*

Married, Single *Mar.* or Widowed Name of Wife or Husband *Mrs H. H. Herman*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *Edgewood's Sanatorium Sept* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General Paralysis* How long *one year*

Immediate *Exhaustion* How long *3 mos*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. S. Carswell M.D.*

Address *2 N. 25th St Balto Md*

Accident or Suicide *none*

Burial at Norfolk Va

Sept 3/909

Low Coast

502 E North St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Katherine Hoffman*
Town *Lynsdawn* County *Bath*

MARYLAND

Died at *Lynsdawn*
Date of death *Sept 9* 190*9* Month *Sept* Day *16* Age *76* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Perma*

Occupation *None* Where Residing if not at place of death *Lynsdawn*

Married, Single or Widow *Widow* Name of Wife or Husband *Henry J Hoffman*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *John Hoffman* How related to deceased *Son*

CAUSES OF DEATH

Primary *Infirmities of age* (arteriosclerosis) *1 year*
Exhaustion *Found dead in bed*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Hall
1111 Main St

Accident or Suicide *for Hall*

PHYSICIAN
OR CORONER

William J. Fickner
London Park Cemetery

London Park.

Wesleyan Methodist Ch.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John L. Howley* Town *St Helena* County *Balto.*
Died at *St Helena* Month *Sept* Day *13th* Age *—* Years *—* Months *10* Days *—*
Date of death *1909*
Sex *Male* Color or Race *White* Birth-place *Balto. Co.*
Occupation *None* Where Residing *St. Helena Balto Co.*
~~at place of death~~

Marrisd, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *John Howley* Father's Birthplace *Ireland*
Mother's Maiden Name *Agnes Todd* Mother's Birthplace *England*
Name of person giving Information *John Howley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *St. Leo Colitis* How long *12 days*
Immediaste *Pulmonary Oedema* How long *8 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signatures of Physician *J. D. Sudler M.D.*
Address *3323 W. Balt St*

Accident or Suicide

Lilly and Zeiler
Oak Lawn Cemetery
Sept 15th 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept.</i>	Day <i>6</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balls, City</i>		
Occupation <i>Cigar maker</i>	Where Residing if not at place of death <i>Franklin Ave. (Gardenville)</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs Lillian Hugelmyer</i>				
Father's Name <i>Wm. Hugelmyer</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary A. Heissman</i>	Name of person giving information <i>Mrs Lillian Hugelmyer</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Myocarditis</i>	How long
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Clayton</i>
	Address <i>Covered Md.</i>
Accident or Suicide?	

Henry Horck + Son.
Balto. Cemetery.
Sept. 9 - 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Loretta Hughes</i>		Town <i>Hilandtown</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Hilandtown</i>		Date of death 1909 <i>Sept</i> <i>25</i>		Age <i>2</i> <i>11</i>		Months <i>2</i> <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Hilandtown</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William T. Hughes</i>		Father's Birthplace <i>Id</i>					
Mother's Maiden Name <i>Nellie C. Smith</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving information <i>William Hughes</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Warner</i>
	Address <i>320 Highland</i>
Accident or Suicide?	

William Cook
Undertaker
502 E. North Ave

Oak Lawn Cemetery
Sept 27th 1909

Name
in
Full

Marshall Edmund Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Cotansville

County

Balto

MARYLAND

Date
of death

1909 Sept

Day

19

Age

Years

—

Months

7

Days

—

Sex

Male

Color or
Race

Colored

Birth-
place

Cotansville Ind.

Occupation

—

Where Residing if not
at place of death

Cotansville —

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Marshall Jackson

Father's
Birthplace

Hamard Co Ind

Mother's
Maiden Name

Ella Anderson

Mother's
Birthplace

Hamard Co Ind

Name of person giving
Information

Marshall Jackson

How related
to deceased

Father

CAUSES OF DEATH

71

Primary

tuberculosis

How long

3 months

Immediate

Gonorrhea

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

D. W. Stutz Ind,
Cotansville Ind

Accident or Suicide

PHYSICIAN
OR CORONER

R. A. Elliott
Western Star

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		State	
Infant of Carrie L. Evans		H. Canton		Baltimore		MARYLAND	
Died at		503		H. Canton		Baltimore	
Date of death		1909		Sept		8	
Sex		Female		Color or Race		White	
Occupation		None		Where Residing if not at place of death		None	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Edward Johnson		Father's Birthplace		Baltimore	
Mother's Maiden Name		Carrie L. Evans		Mother's Birthplace		Perry	
Name of person giving Information		Mary L. Evans		How related to deceased		Grandmother	
CAUSES OF DEATH				151			
Primary				Inanition			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				W. H. Sudler M.D.			
				Address			
				33236 Baltimore St			
Accident or Suicide							

8/9

St Mathews Cam

J Henry Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frederic Cornies

Died at *Trangerville* County *Balto* MARYLAND

Date of death *1909 Sept 6th* Age *55* Months Days

Sex *Male* Color or Race *White* Birth-place *Balto*

Occupation *Laborer* Where Residing if not at place of death *729 Gault St*

Married, Single or Widowed *Married* Name of Wife or Husband *Belle Cornies*

Father's Name *Daniel Cornies* Father's Birthplace *Balto*

Mother's Maiden Name *J. Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Geo. Hossert* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac syncope* How long *178*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. S. Sudbrink*

Address *3333 E. Balto St*

Accident or Suicide

Permission is granted to remove
body to *1442 N Gay St*
JAMES BOSLEY, M.D.,
COMMISSIONER OF HEALTH.

RWH
Per.

*George Herbert
Ballinon
Cemetery. —*

Name
in
Full

Still Borne

Keech

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crown		County Balto.		MARYLAND	
Date of death		Month Sep.	Day 24	Age —		Months —	Days —
Sex female		Color or Race white		Birth- place md			
Occupation none		Where Reiding if not at place of death none					
Married, Single or Widowed		Name of Wife or Husband none					
Father's Name Wm. S. Keech		Father's Birthplace md.					
Mother's Maiden Name Edith H. Longmire		Mother's Birthplace md.					
Name of person giving Information Wm. S. Keech		How related to deceased father					

CAUSES OF DEATH

Primary	Still Borne	How long	8
Immediate	Still Borne	How long	—
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	J. Roy Strickland
		Address	Crown md.
Accident or Suicide			

PHYSICIAN
OR CORONER

John Burne Jones
Product Country
Bath 60
Wt.

Name
in
Full

Evan Knecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

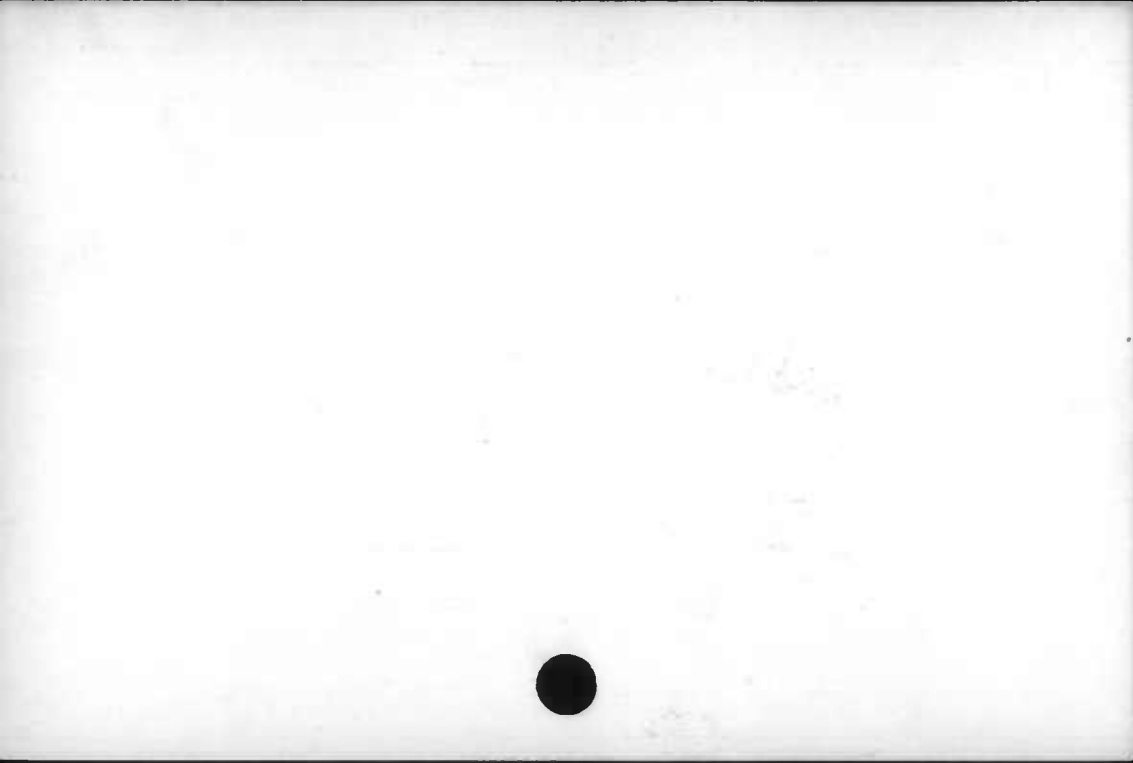
Died at		Town		County		MARYLAND	
white marsh		Baltimore					
Date of death	Month	Day	Years	Months	Days		
1909	Sept.	10		4.	4		
Sex	Color or Race	Birth-place					
Male	white	white marsh Md.					
Occupation	Where Residing if not at place of death						
	Same						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Evan Knecht	Md.						
Mother's Maiden Name	Mother's Birthplace						
Mary Stumpf	Pa						
Name of person giving Information	How related to deceased						
W. W. Smith	none						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Marasmus	2 months
Immediate	How long
Enterocolitis	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. F. H. Gorsch
	Address
	Folk. Md.
Accident or Suicide	



Name
in
Full

Celia Kosciemiska

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Middle River ^{County} Baltimore MARYLANDDate of death 1909 ^{Month} Sept ^{Day} 18 Age ^{Years} 90 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Germany

Occupation Stn Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband Stanislaw Kosciemiska

Father's Name Unknown Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace Germany

Name of person giving Information John Kucian How related to deceased widow

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

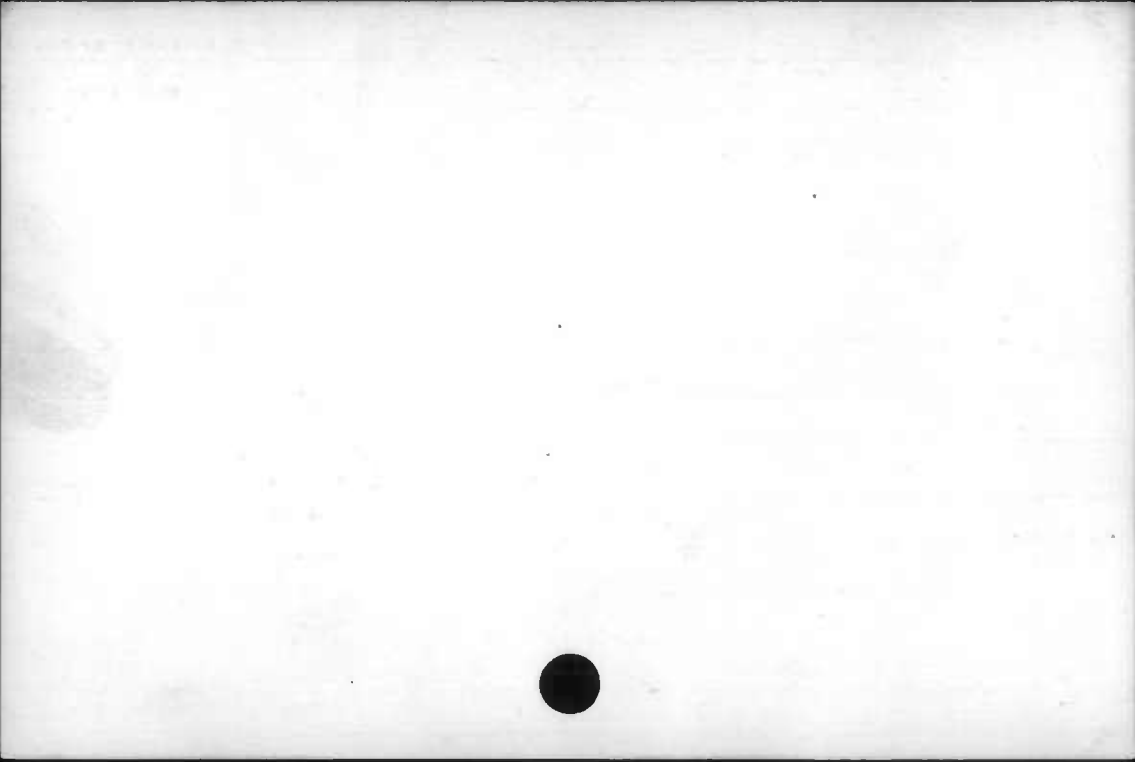
Primary Old Age How long few months

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Kosciemiska

Address Middle River Md

Accident or Suicide no



Name
in
Full

Louisa James Langrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>Sept</u> ^{Month}	<u>17</u> ^{Day}	<u>50</u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ill</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>312 Oakdale Road</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife Husband <u>Leander Langrall</u>		
Father's Name	<u>Charles D. Cooper</u>			Father's Birthplace	<u>W. Va.</u>
Mother's Maiden Name	<u>Frances Watts</u>			Mother's Birthplace	<u>W. Va.</u>
Name of person giving information	<u>Leander Langrall</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>11 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Frederic C. Bennett M.D.</u>	
Address		<u>2224 E. Buena Vista St.</u>	
Accident or Suicide?		<u>No.</u>	

For Internet
at Landar Park

H. O. Hughes
undertake

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Francis Lewis

Town *Govanstown* County *Balto.* MARYLAND

Died at *Govanstown* *Balto.*

Date of death 1909 *Sep.* *7* Age *—* Months *—* Days *3*

Sex *Male* Color or Race *white* Birth-place *Govanstown Md*

Occupation *Infant* Where Residing if not at place of death *—*

Marrled, Single or Widowed *Infant* Name of Wife or Husband *Infant*

Father's Name *John Francis Lewis* Father's Birthplace *Phila. Pa*

Mother's Maiden Name *Edith Lillian Benson* Mother's Birthplace *Balto City*

Name of person giving information *Jno. Francis Lewis* How related to deceased *Father*

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary *Hemorrhage from lungs* How long *4 hours*

Immediate *strangulation* How long *immediate*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *H. O. Keenan*

Address *Govanstown Md*

Accident or Suicide *Neither*

Jos B Cook
London Park Am

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara L. Liebnow</i>		Town <i>Franklin</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Franklin</i>		Date of death <i>1909</i>		Age <i>17</i>		Months <i>3</i>	
Date of death <i>1909</i>		Month <i>9</i>		Day <i>27</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Stenographer</i>		Where Residing if not at place of death <i>Franklin Baltimore</i>					
Married Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Chas. J. Liebnow</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Minnie Smith</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Chas. J. Liebnow</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Cause <i>Pulmonary & Tubercular</i>		How long <i>3 months</i>	
Immediate Cause <i>Respiratory Failure</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn Sta.</i>	
Accident or Suicide? <i>No</i>			

Vol 13 Cook
Lorraine Penn
Sept 29/1909.

Name
in
Full

Kate Lee McTyre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Arlington ^{Town} Balto. ^{County} MARYLAND

Date of death 1909 ^{Year} Sept. ^{Month} 2nd ^{Day} Age 61 ^{Years} Months Days

Sex Female Color or Race White Birth-place Balto. Md.

Occupation House Wife Where Residing ~~at~~ Arlington
at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Wife Benj. T. McTyre
Husband

Father's Name Well's R. Hall Father's Birthplace Balto. Md.

Mother's Maiden Name Rachel Lee Mother's Birthplace Balto. Md.

Name of person giving Information Benj. T. McTyre How related to deceased Husband.

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Fatty Heart Several Months
How long

Immediate Acute Indigestion Half Hour
How long

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician C. B. Euseph M.D.
Address Arlington Md.

Accident or Suicide no

Lilly and Geiler,

Undertakers

~~London Park~~ Aug 5th 09

Druid Ridge Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James O. Mattson</i>		Town <i>Canton</i>		County <i>Balto.</i>		MAYLAND	
Died at <i>Canton</i>		Month <i>Sept</i>		Day <i>7th</i>		Age <i>5</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>7th</i>		Years <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto. Co.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>3312 Hudson St.</i>					
Married, Single or Widowad <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Percy G. Mattson</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Louisa Lohman</i>		Mother's Birthplace <i>Balto. Md</i>					
Name of person giving Information <i>Louisa Mattson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>31 days</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. James</i>
	Address <i>3412 Elliott St.</i>
Accident or Suicide	

Mount Carmel Cemetery

Sept 8th 1909

Lilly and Geeler
Undertakers

Name
in
Full

Glidden Leroy Maryman

CERTIFICATE OF DEATH

Died at Ashland

Town

Watts

County

MARYLAND

Date

of death

1909

Month

5-11-

Day

12

Age

Years

Months

1

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Ashland Md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

Infant -

Name of Wife or
Husband

-

Father's
Name

William Franklin Maryman

Father's
Birthplace

Hempden Md

Mother's
Maiden Name

Annina Virginia Bull

Mother's
Birthplace

Rayville Md

Name of person giving
information

Jm. F. Maryman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Erysipelas

How long

6 days

Immediate

Erysipelas

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. B. R. B. B. B.

Address

Cockeysville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Funeral at Pine Grove
Rayville Sept 14th 09

W. C. Brooks

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Canton</u>		County <u>Baltimore</u>		MARYLAND
	Date of death	1909	Month <u>Sept.</u>	Day <u>26</u>	Age <u>50</u>
	Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Germany</u>	Months <u>11</u> Days <u>28</u>
	Occupation <u>Fireman</u>		Where Residing if not at place of death <u></u>		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sophie Moratz</u>			
	Father's Name <u>Julius Moratz</u>	Father's Birthplace <u>Germany</u>			
	Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>			
	Name of person giving information <u>Sophie Moratz</u>	How related to deceased <u>Wife</u>			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">40</div> </div>					
PHYSICIAN OR CORONER	Primary	<u>Carcinoma of Stomach</u>		How long <u>9 mos.</u>	
	Immediate	<u>Cachexia</u>		How long <u>3 mos.</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>M. J. McAvoy M.D.</u>		
			Address <u>839 S. Canton St.</u>		
Accident or Suicide? <u></u>					

Dr. Mr. Arvy

Oak Lawn Conn

Sept. 24/19

H. Sander Son

Name
in
Full

Alice B. Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at <u>Windsor Hills</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 1909 <u>sept</u>		Month <u>15</u>	Day <u>15</u>	Age <u>67</u>	Months <u>5</u> Days <u>15</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Pittsburg Pa</u>	
Occupation <u>Gentlewoman</u>		Where Residing if not at place of death <u>Windsor Hills</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>John B. Morrow</u>			
Father's Name <u>John D. McCard</u>		Father's Birthplace <u>Penna</u>			
Mother's Maiden Name <u>Margaret McCardish</u>		Mother's Birthplace <u>Penna</u>			
Name of person giving Information <u>James E. Morrow</u>		How related to deceased <u>son</u>			
CAUSES OF DEATH					
43					

PHYSICIAN
OR CORONER

Primary <u>Mammary Carcinoma</u>	How long <u>15 months</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Shondra Moleberg</u>
	Address <u>1609 Linden Ave</u>
Accident or Suicide	

Stewart & Mowen Co
Funeral Directors
215 - Park Ave
for Interment - in
Cumberland Co.
Penna. P

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Johanna Moynihan

Died at *St Helena* ^{Town} *Baltimore Co* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Sept.* ^{Day} *21st* ^{Years} *61* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death *St Helena*

Married, Single or Widowed *Widow* Name of Wife or Husband *Daniel Moynihan (deceased)*

Father's Name *Thos Roach* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Veil* Mother's Birthplace *Ireland*

Name of person giving Information *Katharine Moynihan* How related to deceased *daughter*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary *Senile Bronchitis* How long *1 year*

Immediate *exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. McCormick M.D.*

Address *Sparrows Point Md.*

Accident or Suicide *no*

Wendell Lippel & Son
330 S. Bond St.
New Cathedral Cem.

Sept. 23rd/09

Name
in
Full

Sadie Muckin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencer's Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>24</i>	Years <i>52</i>	Months <i>5</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Johnstown, Pa.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Peter Muckin</i>				
Father's Name <i>John Matthews</i>	Father's Birthplace <i>Johnstown, Pa.</i>				
Mother's Maiden Name <i>Catherine Varner</i>	Mother's Birthplace <i>Cumtius, Pa.</i>				
Name of person giving Information <i>Peter Muckin</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 1/2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Blodgett M.D.</i>
	Address <i>Spencer's Point, Md.</i>
Accident or <i>Suicide</i>	

Armistay Seng Co
Oak Lawn Cemetery

Name
in
Full

Marcellus J. Wolley Jr

CERTIFICATE OF DEATH

MARYLAND

Died at *Int Washington*

Town

County

Balt

Date

of death 1909

Month

9

Day

11

Age

Years

33

Months

Days

25

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Advertising*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*M. J. Wolley*Father's
Birthplace*Ind*Mother's
Maiden Name*Edmonia E. Sturman*Mother's
Birthplace*Ind*Name of person giving
Information*Leonard Wolley*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Appendicitis - Ac. Perforated

How long

2 weeks

Immediate

Membrane Rupture

How long

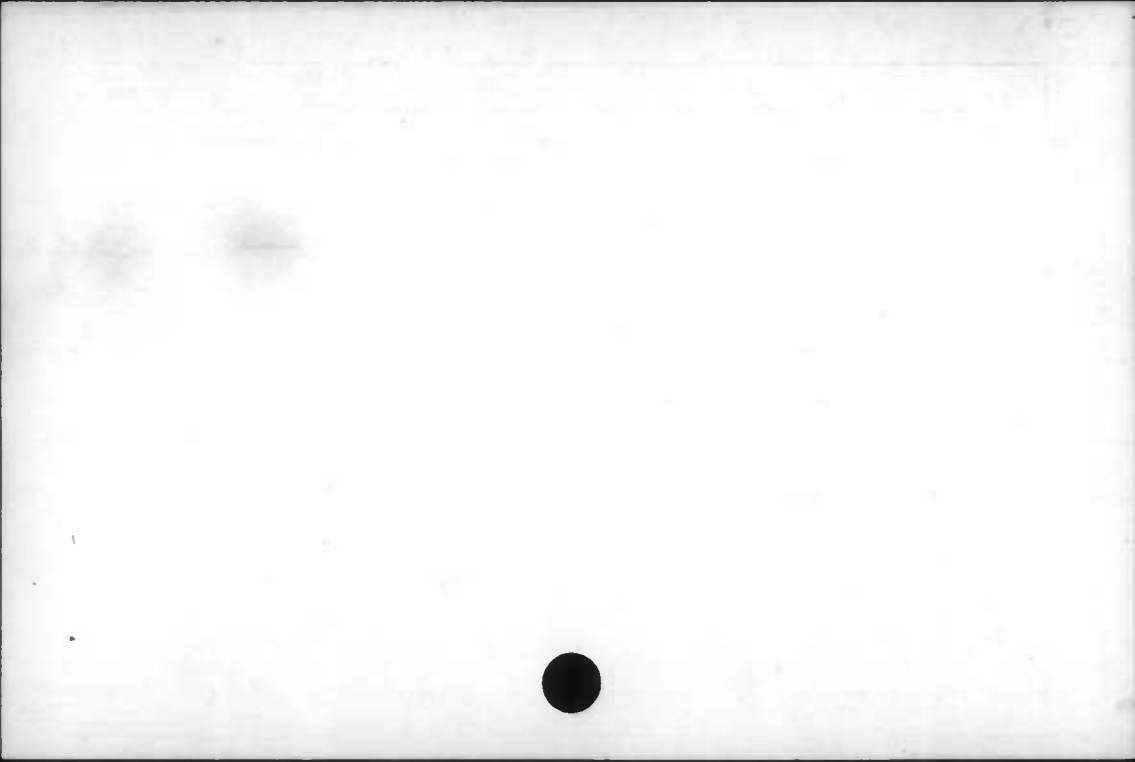
*48 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. Beeton*

Address

Int Washington Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Dorothy A Orem

CERTIFICATE OF DEATH

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}		<u>Sept</u> ^{Day}	<u>13</u> ^{Years}	<u>73</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Church Creek Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Daniel J. Orem</u>				
Father's Name <u>James H Busick</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Eliza Richardson</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>E F Orem</u>	How related to deceased <u>Son</u>				

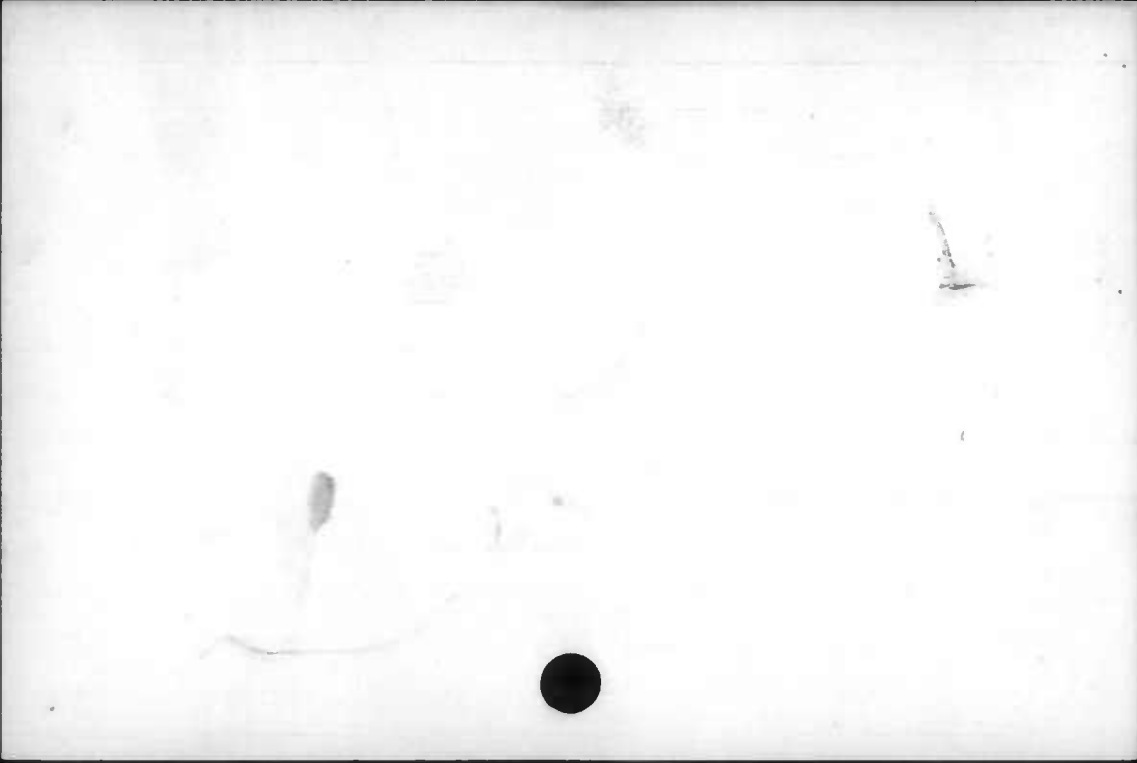
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Acute Indigestion</u>	How long <u>few days</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Charles L. Mauffel</u>
	Address <u>Catonsville, Md</u>
Accident or Suicide <input type="checkbox"/>	

PHYSICIAN
OR CORONER

104



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Samuel J. Ortlip
Overlea Town Everygreen ave. Baltimore County

MARYLAND

Date
of death

1909

Month

Sept

Day

1

Age

Years

65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Oct

Occupation

Where Residing if not
at place of death

Everygreen ave

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel J. Ortlip

Father's
Name

Samuel Ortlip

Father's
Birthplace

Ind

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Samuel Ortlip

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Endocarditis & Nephritis

How long

79

Years

Immediate

Acute Cardiac Dilatation

How long

Sudden termination

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. L. Wilkinson

Address

Roseburg Md

Accident or Suicide

Neither

PHYSICIAN
OR CORONER

Baltimore
bermtergy

Robt G Turner
1442 Broadway

Name
in
Full

Verum Otto

CERTIFICATE OF DEATH

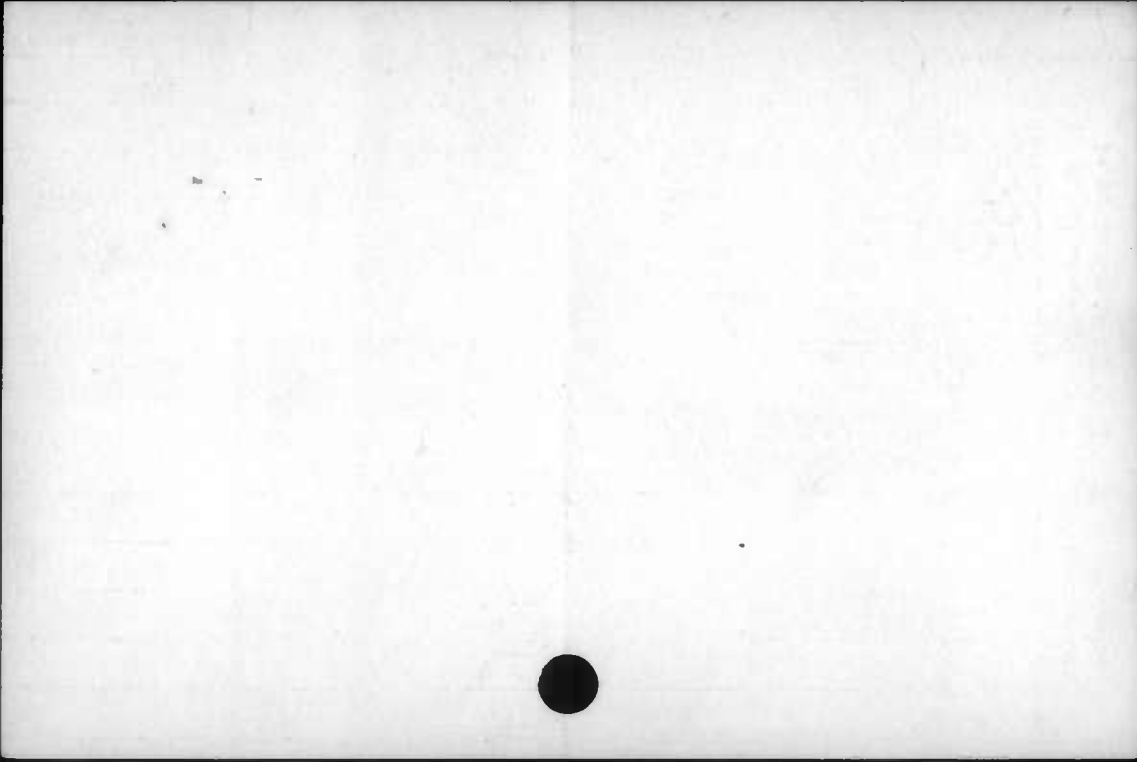
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyndan</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>25</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Barrel Co Mo</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Telegrapher</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>W V Otto</i>			Father's Birthplace <i>Barrel Co.</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace		
Name of person giving information <i>Dr Brown</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Perforation of bowels</i>	How long <i>12 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Thos Price</i>
	Address <i>Hyndan Mo</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

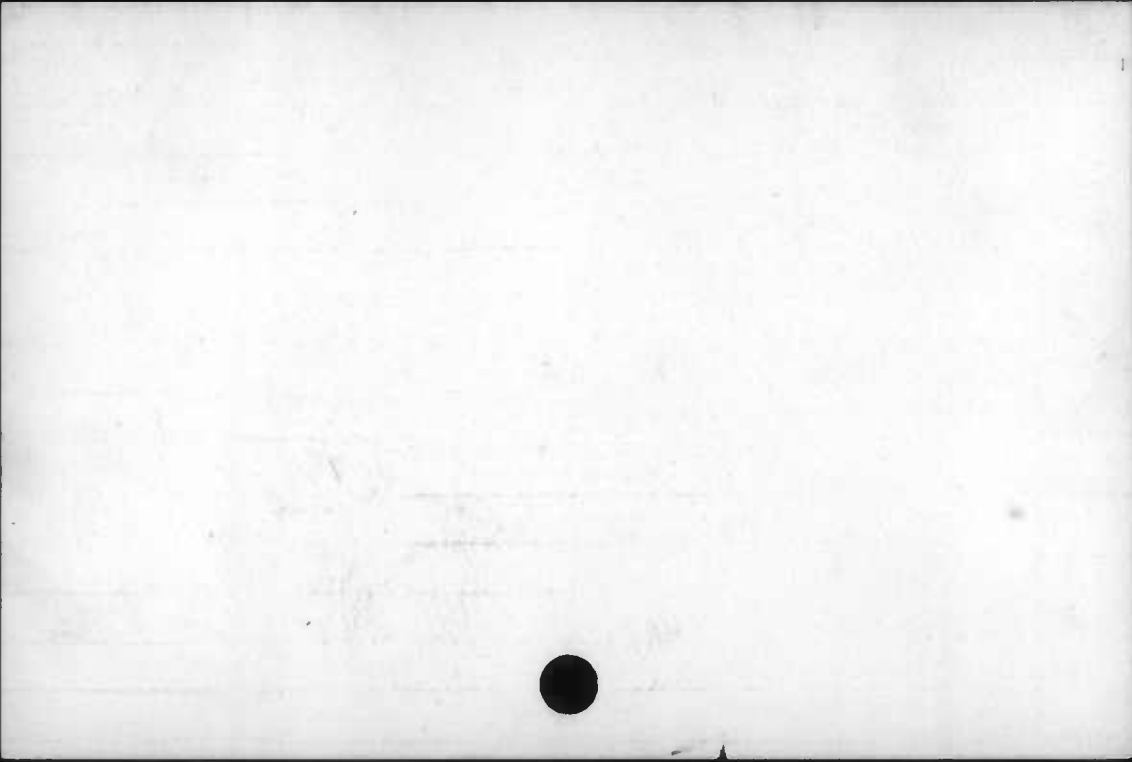
MARYLAND

Died at *St. Agnes' Hospital* *Baltimore* CountyDate of death *1909* *Sept.* *27* *Age* *71* *Months* *6* *Days* *15*Sex *Male* Color or Race *White* Birth-place *Md.*Occupation *Stone Keeper* Where Residing if not at place of death *Catonville, Md.*Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Owens*Father's Name *Saml. Owens* Father's Birthplace *Md.*Mother's Maiden Name *Eliza Brookes* Mother's Birthplace *Md.*Name of person giving information *Joshua S. Owens* How related to deceased *Son.*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONERPrimary *Intestinal obstruction - Ileus* How long *1 1/2 days*Immediate *Pneumonia f. Op. Closure fecal fistula.* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Fred Y. Cronk*Address *St. Agnes Hospital*Accident or Suicide? *No*



Name
in
Full

Katie Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Melrose</u> Town		<u>Belt</u> County		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Sept</u>	Day	<u>2nd</u>
Age		<u>15</u>	Years	Months	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>Brown</u>	Birth-place	<u>Harford Co Md</u>
Occupation	<u>Dom</u>	Where Residing if not at place of death <u>Grandmother's place</u>			
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Sister Andrew Hopson</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>slow Aschemic - Probable</u>	How long	<u>Tubercular</u>
Immediate	<u>in bed on back</u>	How long	<u>Sick on back</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Winsay M.D.</u>	
		Address <u>1220 E. Fayette St</u>	
		<u>(over)</u>	
Accident or Suicide?			

This chain is over 100 years in
company owned by the company &
venture but a little chain

W. W. W. W.

A. S. Marshall
3539 Falls Road

Sept 3-1909 -
at Industrial house

Name
in
Full

Maria R. Perryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Arlington Town Baltimore County

MARYLAND

Date of death 190 9 Sept Month 2 Day Age 97 Years Months Days

Sex Female Color or Race White Birth-place Virginia

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Ephraim Perryman deceased

Father's Name James Hanson Father's Birthplace Virginia

Mother's Maiden Name Mary Fawcett Mother's Birthplace Virginia

Name of person giving Information John A. Perryman How related to deceased Son

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

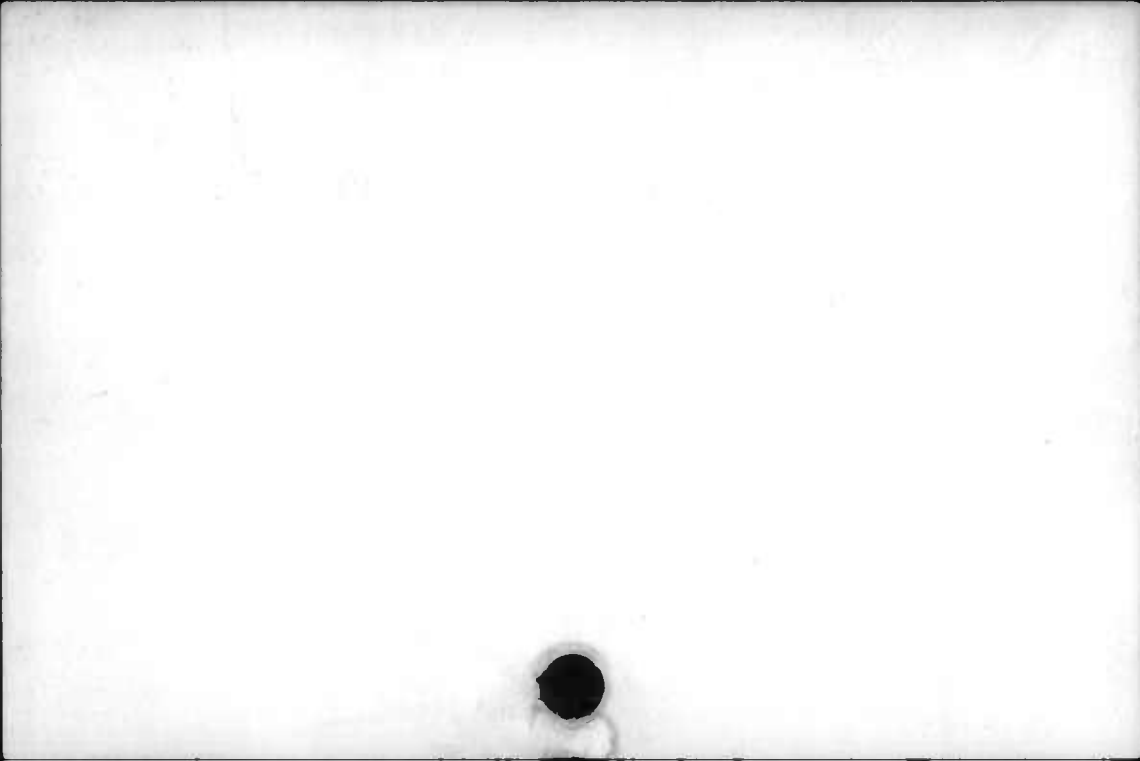
Primary (Old Age) Heat stroke. How long 5 days.

Immediate Uremic Coma. How long 36 hours.

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician M. D. Cox. M.D.

Address Arlington.

Accident or Suicide



Name
in
Full

Etta M. Piper

CERTIFICATE OF DEATH

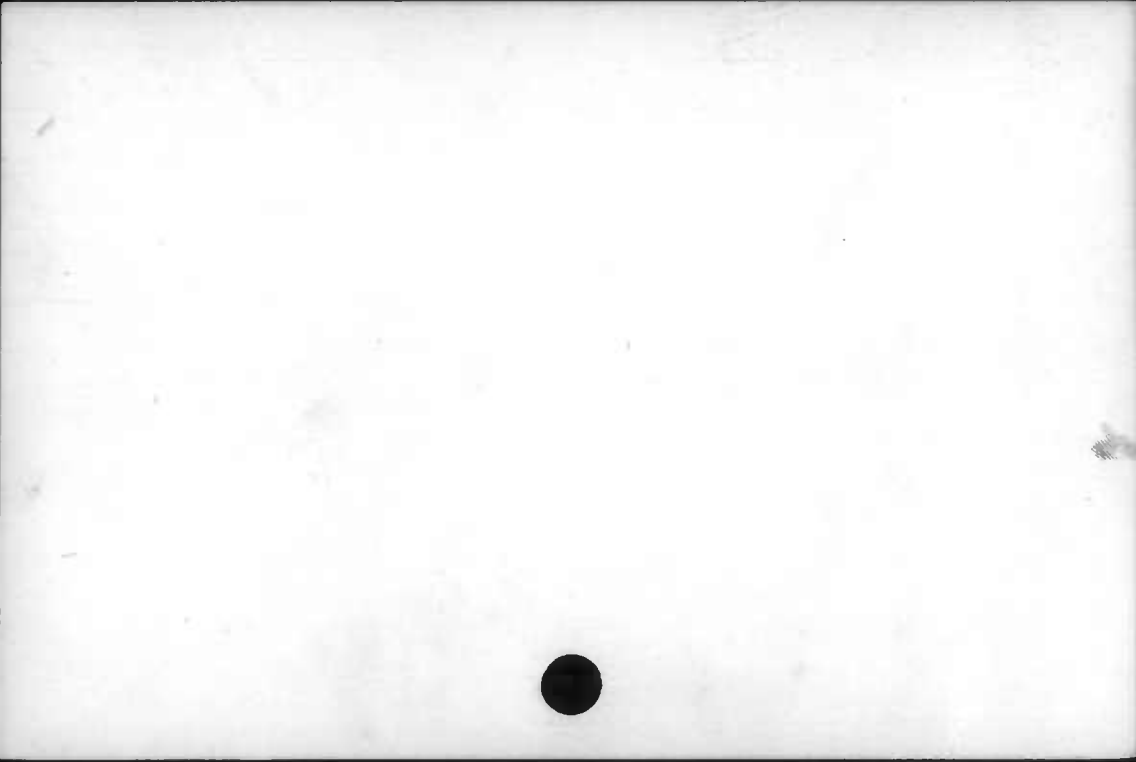
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glenarun		County Balto		MARYLAND	
Date of death		Month Sept	Day 16	Years 16	Months		Days
Sex	Female		Color or Race	White		Birth-place	Glenarun
Occupation	Student		Where Residing if not at place of death		Glenarun Md.		
Marrried, Single or Widowed	Single		Name of Wife or Husband		✓		
Father's Name	Agustus Piper				Father's Birthplace	Harford Co	
Mother's Maiden Name	Mamie E. Monroe				Mother's Birthplace	Balto. Co	
Name of person giving Information	Mamie E. Piper				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	5 weeks
Immediate	Typhoid fever	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. J. S. Green	
Address		Gittings 2nd.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Powell) Ebenezer

Town Heatonville County Butte

Died at Heatonville Butte **MARYLAND**

Date of death 190 9 Sept 14 Age 69 Months Days

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name unk Father's Birthplace unk

Mother's Maiden Name unk Mother's Birthplace unk

Name of person giving Information How related to deceased

CAUSES OF DEATH

64

How long

10 yrs -

How long

5 minutes

Primary

Recurrent Mania

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Ray Nade
Heatonville, Md.

Accident or Suicide

NoPHYSICIAN
OR CORONER

David McLean Co.
Ms Oliver.

Name
in
Full

CERTIFICATE OF DEATH

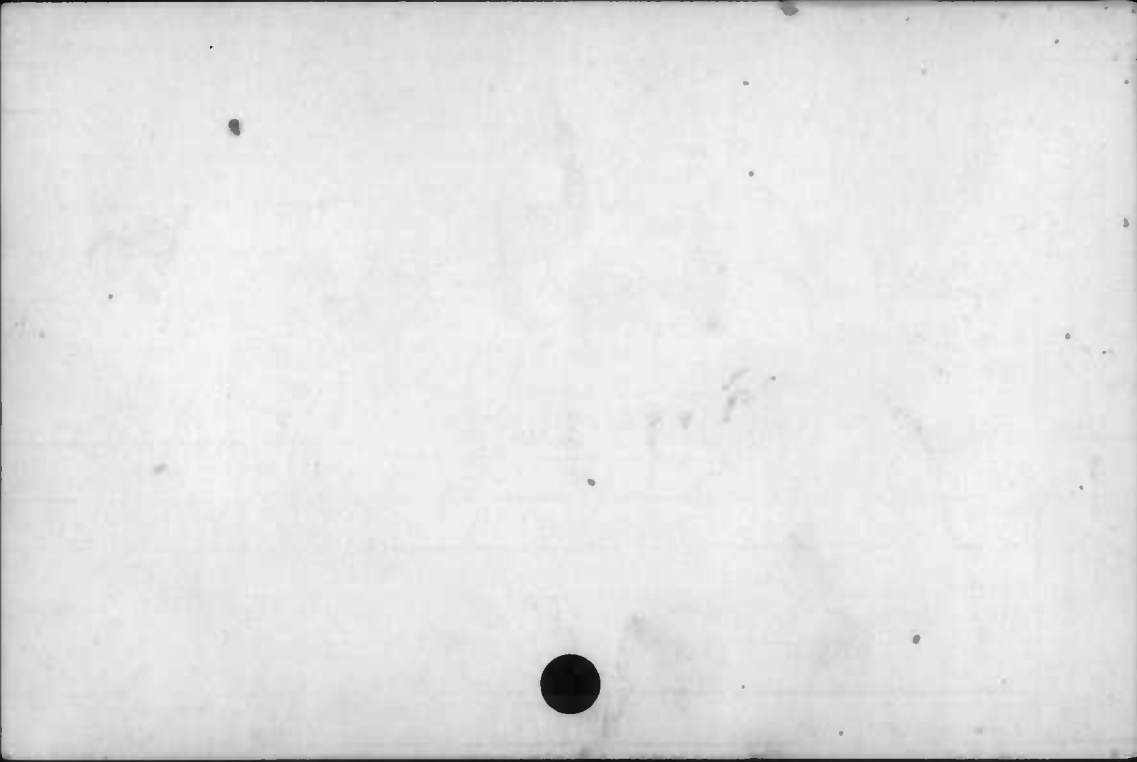
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>San Francisco</i>		Town <i>San Francisco</i>		County <i>Alameda</i>		MAYLAND	
Date of death 190 <i>7</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>-</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Geo Preston</i>				Father's Birthplace <i>Ned</i>			
Mother's Maiden Name <i>Katharine Hatten</i>				Mother's Birthplace <i>Ned</i>			
Name of person giving information <i>Geo Preston</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke</i>	How long <i>8</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. V. Hume</i>
	Address <i>Rossvogel</i>
Accident or Suicide?	<i>7/15</i>



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Tully A. Price

near Sparrows Point Baltimore

MARYLAND

Date of death 1909 Sept. 20th Age 42

Sex Male Color or Race white Birth-place Md.

Occupation Captain of boat Where Residing if not at place of death North Point

Married, Single or Widowed Name of Wife or Husband Nettie Price

Father's Name Philip Price Father's Birthplace Md

Mother's Maiden Name Louisa Lewis Mother's Birthplace Va

Name of person giving Information Wm. J. Tigner. How related to deceased Bro.-in-law.

CAUSES OF DEATH

172

Primary Accidental drowning, immediate

Immediate Fell from boat

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

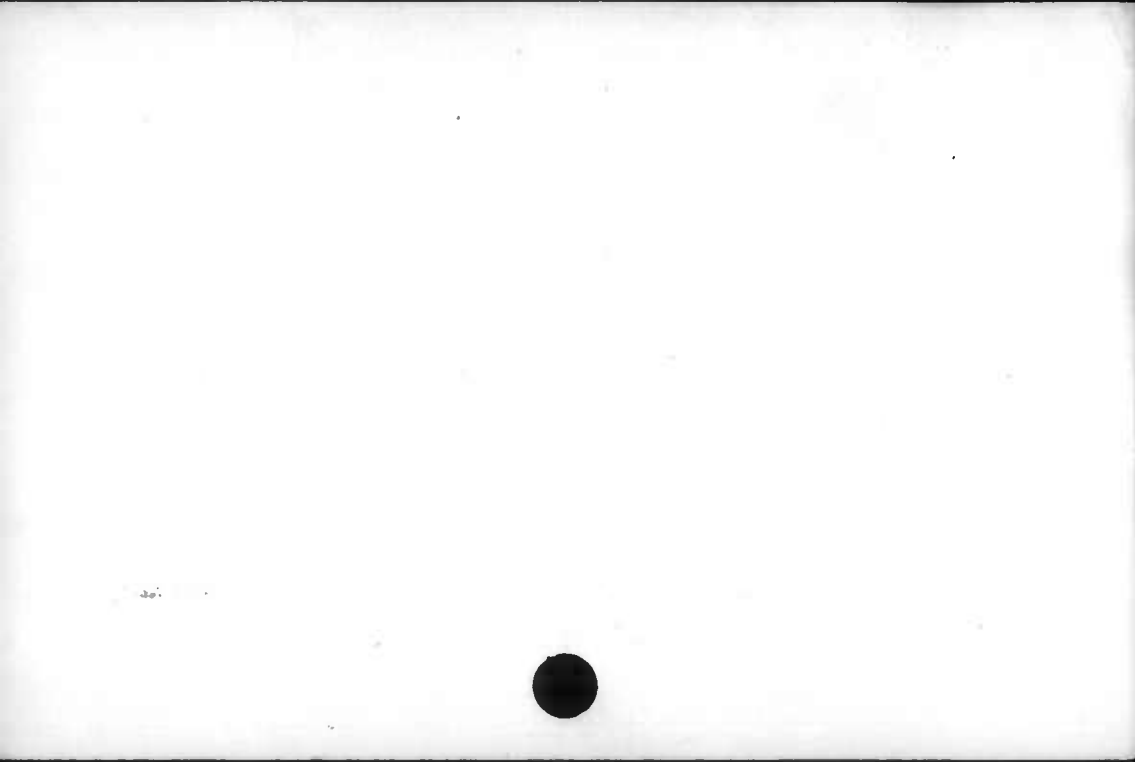
Address

PHYSICIAN
OR CORONER

Accident or Suicide

Accident

Sparrows Point .15



Name
in
FullGeorge Rehbrin
Town

CERTIFICATE OF DEATH

MARYLAND

Died at

Texas

County

Batto.

Date

of death

1909

Month

Sept.

Day

7

Age

Years

60

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Carpenter

Where Residing if not
at place of death

Batto Co. Almahome

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Not known.

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Meiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

House Register

How related
to deceased

None

CAUSES OF DEATH

Primary

Chronic Nephritis - Morphimism

How long

1 year.

Immediate

Coma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wilmer C. Oneal M.D.

Address

Lockysville
Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Luncheon at Sherwood
Sep 8th

Mr. C. Brooks

Name
in
Full

Katherin Bessie Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

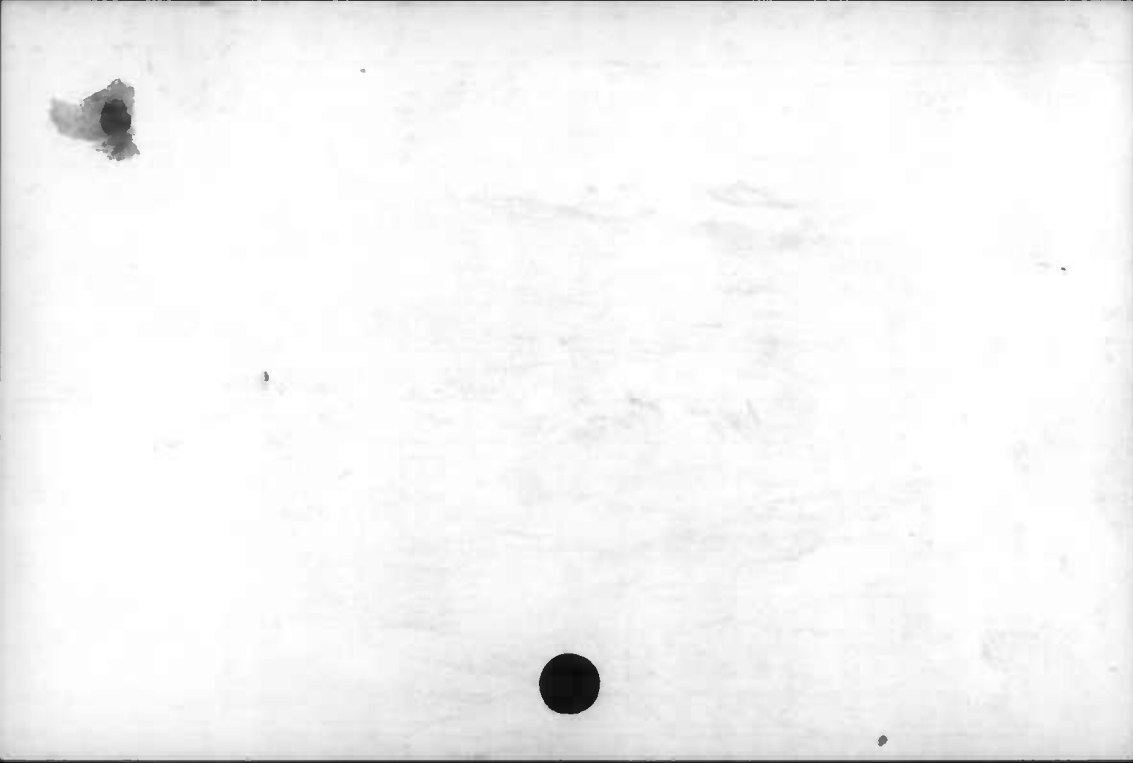
Disd at <u>Monell Park</u>		County <u>Balto</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>Sept</u>	Day <u>12</u>	Age <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Riley</u>	Father's Birthplace <u>Honard Co Md</u>		Mother's Birthplace <u>Balto Md</u>		
Mother's Maiden Name <u>Katherin Stump</u>	How related to deceased <u>mother</u>		Name of person giving Information <u>Miss H. Riley</u>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>—</u>
Immediate <u>Convulsion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. S. M. Kieffer M.D.</u>
	Address <u>Monell Park</u>
	<u>Balto Co Md</u>
Accident or Suicide	



Name
in
Full

Emma Mand Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		9	25	Age 21			
Sex	Female	Color or Race	White	Birth-place	White Hall		
Occupation	none			Where Residing if not at place of death	White Hall		
Married, Single or Widowed	Single			Name of Wife or Husband	none		
Father's Name	John Calvin Robinson			Father's Birthplace	White Hall		
Mother's Maiden Name	Emma Robinson			Mother's Birthplace	Searborough		
Name of person giving Information	Emma Robinson			How related to deceased	Mother		

CAUSES OF DEATH

Primary Tuberculosis

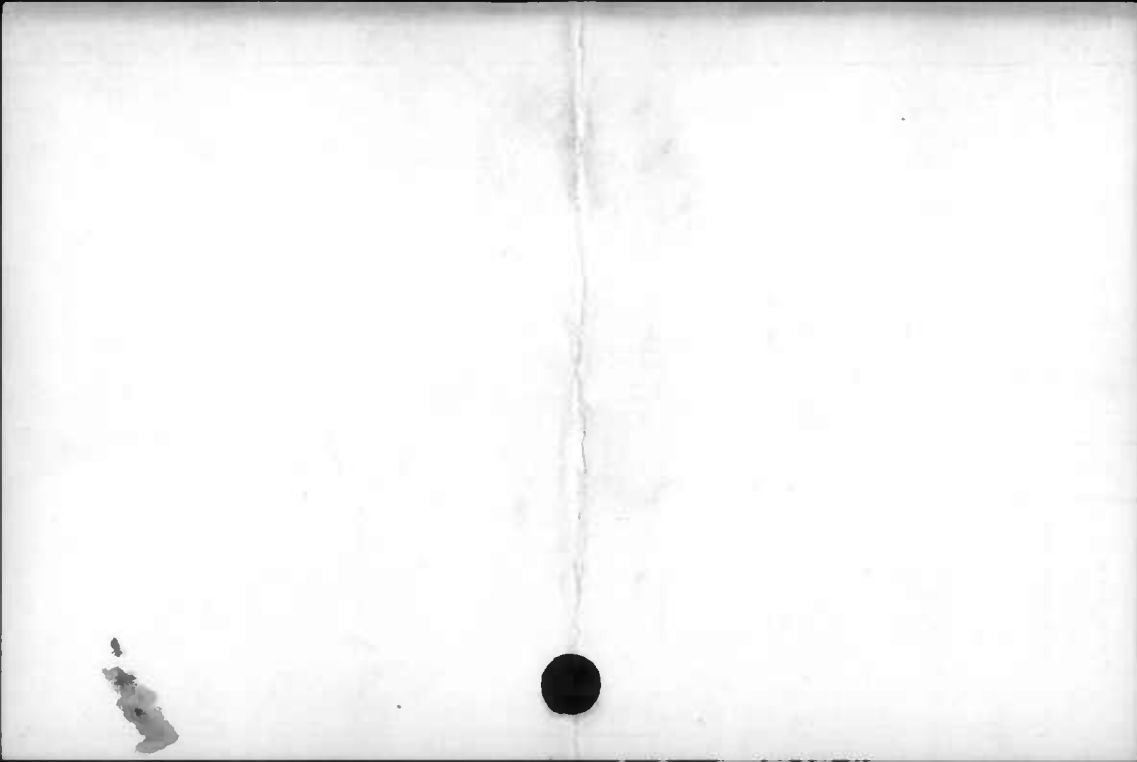
How long 27

Unknown

How long

PHYSICIAN
OR CORONER

Immediate	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Milford Stutling
			Address	White Hall
				ma.
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emilia C. Sainsbury*

Died at *Highlandtown* ^{Town} *B. alt.* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *Sept.* ^{Day} *4* Age ^{Years} *1* ^{Months} *17* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Grant Sainsbury* Father's Birthplace *Penn*

Mother's Maiden Name *Elizabeth Bousley* Mother's Birthplace *11*

Name of person giving Information *Grant Sainsbury* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculous Meningitis* ^{How long} *15 days*

Immediates *.* ^{How long}

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. P. Throon*

Address *820 N. Eutaw St*

Accident or Suicide

Mr. T. Moran
Undertaker

(Danville -
Pa.
Sept. 6th -)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James C. Bank

Died at ^{Town} St Helena ^{County} Balto.

MARYLAND

Date of death 1909 ^{Month} Sept. ^{Day} 20th ^{Age} 6 ^{Months} — ^{Days} 7

Sex Male Color or Race white Birth-place Md

Occupation School boy Where Residing if not at place of death St Helena

~~Married~~ Single Name of Wife or Husband —

Father's Name Elzey Bank Father's Birthplace Md

Mother's Maiden Name Margaret M Sommers Mother's Birthplace Ireland

Name of person giving Information Elzey Bank How related to deceased Father

CAUSES OF DEATH

Primary Pertussis How long 8 weeks

Immediate Meningitis How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. Mc Cormick MD

Address Sparrows Point Md 15

Accident or Suicidal no



Name
in
Full

Susanna B Scanlan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rogers Heights</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept.</i>	Day <i>7</i>	Age <i>79</i> Years	Months <i>8</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Penn.</i>	
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Scanlan</i>			
Father's Name <i>Thos. Baker</i>		Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Ann Ricketts</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Wright</i>		How related to deceased <i>Granddaughter</i>			

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Leukemia of Liver</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo J. Young</i>
	Address <i>1735 N. B. Dudley</i>
Accident or Suicide?	

H. Gaudin & Sons.

~~Stephen Benson.~~

Sept. 11 - 1909.

Fagga Manor Pa
Chester Co.

Mr. Benson

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Matthew L. Schaefer

CERTIFICATE OF DEATH

Died at Hyde Town Baltimore County

Date of death 1909 Sept. 9 Day 65 Years 6 Months 1 Days

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife Johanna Schaefer

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving information Lena Schaefer How related to deceased Daughter

CAUSES OF DEATH

79

Primary Organic Heart disease Not Known

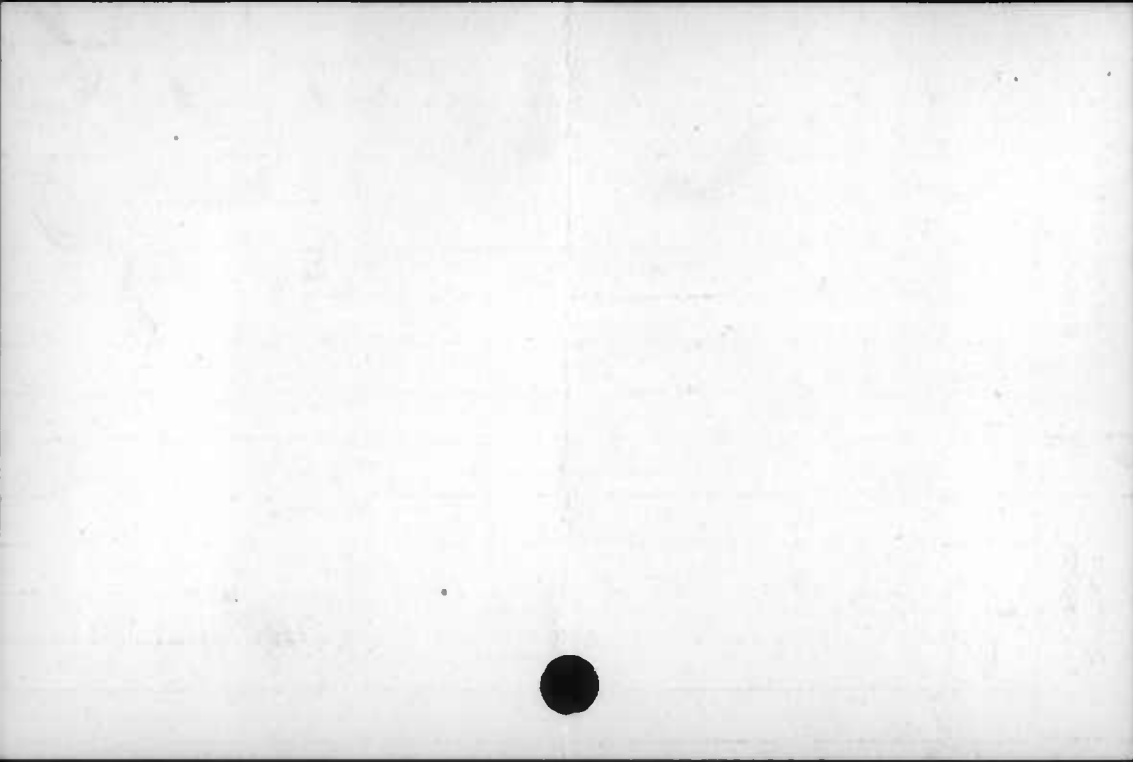
Immediate Heart Failure Instantaneous

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician John S. Green

Address Sitting's Rd.

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

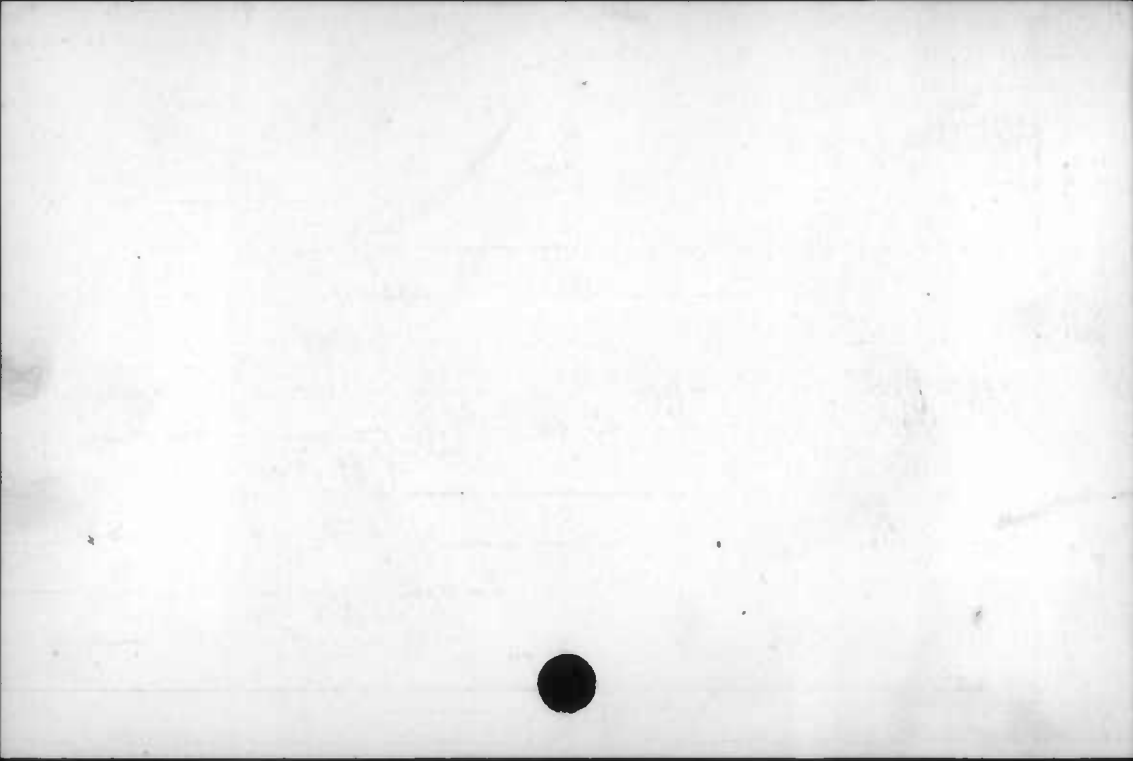
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Lizzie Scholz</i>		Town <i>St Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St Agnes Hospital</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>44</i>	
Date of death <i>1909 Sept 11</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Dickysville Md.</i>					
Married, Single or Widowed <i>Wid</i>		Name of Wife or Husband <i>Louis Scholz (Deceased)</i>					
Father's Name <i>(Christian name unknown) Ostendorf</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Lizzie Ostendorf</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Harry C. Scholz</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>18 days.</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Allen Graham M.D.</i>	
		Address	
		<i>St Agnes Hospital.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

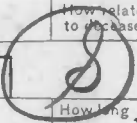
Died at <u>Jerome</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>9</u>	Month <u>Sep</u>	Day <u>17</u>	Age <u>27</u>	Months <u>2</u>	Days <u>3</u>
Sex <u>Imm.</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Married, Single or Widowed	<u>Married</u>		Occupation <u>Housewife</u>		
Name of Wife or Husband <u>John Shannon</u>					
Father's Name <u>Edmund Murphy</u>			Father's Birthplace <u>Balto Md</u>		
Mother's Maiden Name <u>Georgiana Lancaster</u>			Mother's Birthplace <u>Balto Md</u>		
Name of person giving information <u>Mrs Emma Murphy</u>			How related to deceased <u>Mother</u>		

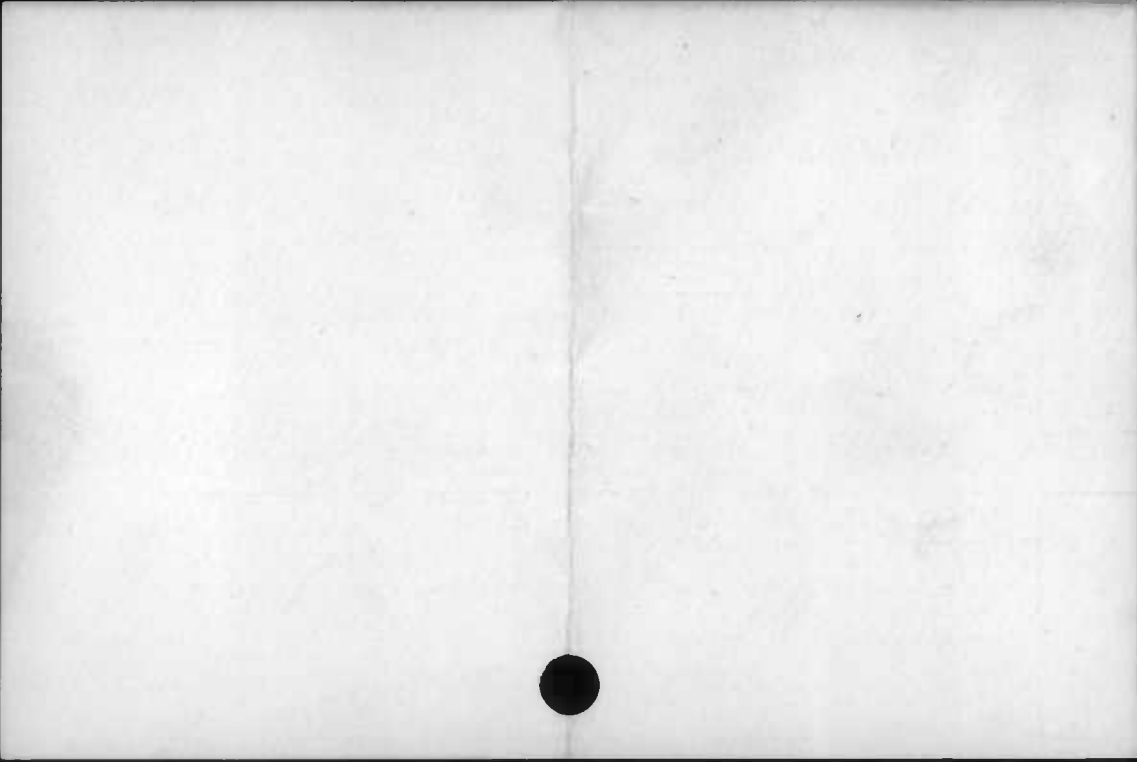
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>a few days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo O Hoshing</u>	
		Address <u>St Ast Balto Md</u>	
Accident or Suicide?			

For internet at
Lindan Park
by
David McLean Co

Name in Full		Matter Haupt Shipley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cockeysville ^{Town}		Baltimore ^{County}		MARYLAND	
	Date of death	1909	Sept -	Day 6	Age	Months	3 hours
	Sex	Male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Matter V Shipley				Father's Birthplace	Cockeysville md
	Mother's Maiden Name	Edith C Parks				Mother's Birthplace	Cockeysville md
Name of person giving information	M. V. Shipley				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>							
PHYSICIAN OR CORONER	Primary	Premature Births				How long	2 months -
	Immediate	not - visible between 6 & 7 months				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. R. Benson
						Address	Dr. R. Benson
	Accident or Suicide?						



Name
in
Full

Alvin Shuebrook

CERTIFICATE OF DEATH

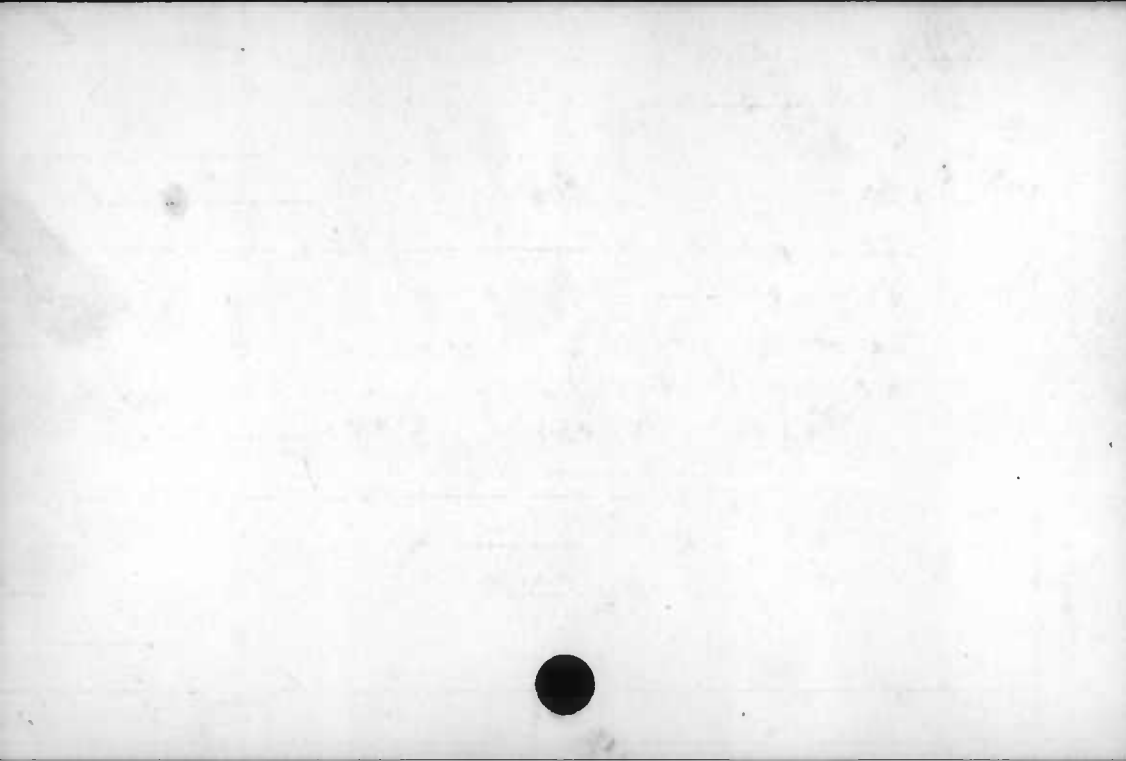
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>20th</i>	Age <i>18</i>	Years <i>jun</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Bus Conductor</i>	Where Residing if not at place of death <i>907 Hollins St</i>				
Married Single <i>Single</i>	Name of Wife or Husband <i>Single</i>				
Father's Name <i>Thomas A Shuebrook</i>	Father's Birthplace <i>Balt MD</i>				
Mother's Maiden Name <i>Elizabeth M. Smith</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Thomas A Shuebrook</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>6 weeks</i>
Immediate <i>Perforation Bowel - Operation</i>	How long <i>16 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Fred Y Cronk</i>
<i>Yes</i>	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Minnie H Sinclair
 Died at *Rustertown* *Balto* County
 Date of death *1909 Sept 20* Age *47* Months *—* Days *—*
 Sex *Female* Color or Race *white* Birth-place *Balto, co. Md*
 Occupation *House wife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *John. O. Sinclair*
 Father's Name *William. S. Devans* Father's Birthplace *Balto, co. Md*
 Mother's Maiden Name *Kate Wilsey* Mother's Birthplace *Safoed Del*
 Name of person giving Information *Kate Wilsey* How related to deceased *Mother*

CAUSES OF DEATH

28

Primary *Tubercular Meningitis* How long *3 weeks*
 Immediate *Pulmonary and Cardiac Exhaustion* How long *several days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

James Goss M.D.
Rustertown Md.

~~Accident or Suicide~~PHYSICIAN
OR CORONER

To be Buried at Reisterstown

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Smith* Town *Townson* County *Bolton* MARYLAND

Died at *Townson*

Date of death 190*9* Month *Sept* Day *7* Age *2* Years Months Days *5*

Sex *Male* Color or Race *colored* Birth-place *ind*

Occupation *None* Where Residing if not at place of death *Townson*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Matthew Smith* Father's Birthplace *ind.*

Mother's Maiden Name *Clia Frazer* Mother's Birthplace *ind.*

Name of person giving Information *Rachel Frazer* How related to deceased *Grand Mother*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Tubercular Meningitis* How long *Two weeks*

Immediate *Emphysema & exhaustion* How long *a few hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. J. Janette* Address *Townson, Md*

Accident or Suicide *no*

John Burns Sons
Tousons
Sandy Bottoms
Cemetery

Name in Full		Thelma Smith				CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Canton</u> Town		<u>Ballo.</u> County		MARYLAND											
		Date of death	<u>1909</u>	Month	<u>Sept.</u>	Day	<u>3</u>	Age	<u>—</u>	Months	<u>—</u>	Days	<u>11</u>				
		Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Md.</u>								
		Occupation	<u>—</u>			Where Residing at place of death				<u>1314 First St.</u>							
		Married, Single or Widowed	<u>Single</u>			Name of Wife or Husband				<u>—</u>							
PHYSICIAN OR CORONER		Father's Name				<u>Joseph Smith</u>				Father's Birthplace				<u>Md.</u>			
		Mother's Maiden Name				<u>Ethel M. Evans</u>				Mother's Birthplace				<u>South Wales</u>			
		Name of person giving information				<u>Joseph Smith</u>				How related to deceased				<u>Father</u>			
		CAUSES OF DEATH												(151)			
PHYSICIAN OR CORONER		Primary				<u>Inanition (1 month premature & weak fed)</u>				How long				<u>11 days</u>			
		Immediate				<u>Exhaustion</u>				How long				<u>3 or 4 days</u>			
		Are the name, age, sex, color, date and place correctly given above?				<u>yes</u>				Signature of Physician				<u>[Signature]</u>			
										Address				<u>Canton & B. Donnell St.</u>			
		Accident or Suicide?															

Sept. 4-09

Gürkler + Gürkler

1739 E Eagers St

Trinity-Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vernon H Stirling Town *Chase* County *Baile* **MARYLAND**

Died at *Chase* Month *Sept* Day *1* Age *0* Months *6* Days *18*

Date of death 1909

Sex *Male* Color or Race *white* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Wm Stirling* Father's Birthplace *md*

Mother's Maiden Name *Kate Stirling* Mother's Birthplace *md*

Name of person giving Information *Wm Stirling* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *14* *14* *14*

Immediate *as above* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Hubert Harrison*

Address *Middle River*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thos R Stewart

Town *Carney* County *Baltimore* MARYLAND

Died at *Carney*

Date of death 1909 *Sept* *28* Age *57* Months *11* Days

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *Wheelwright* Where Residing if not at place of death

Married, Single or Widowed *divorced* Name of Wife or Husband *Unknown*

Father's Name *Chas Stewart* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Stewart* Mother's Birthplace *Ind*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

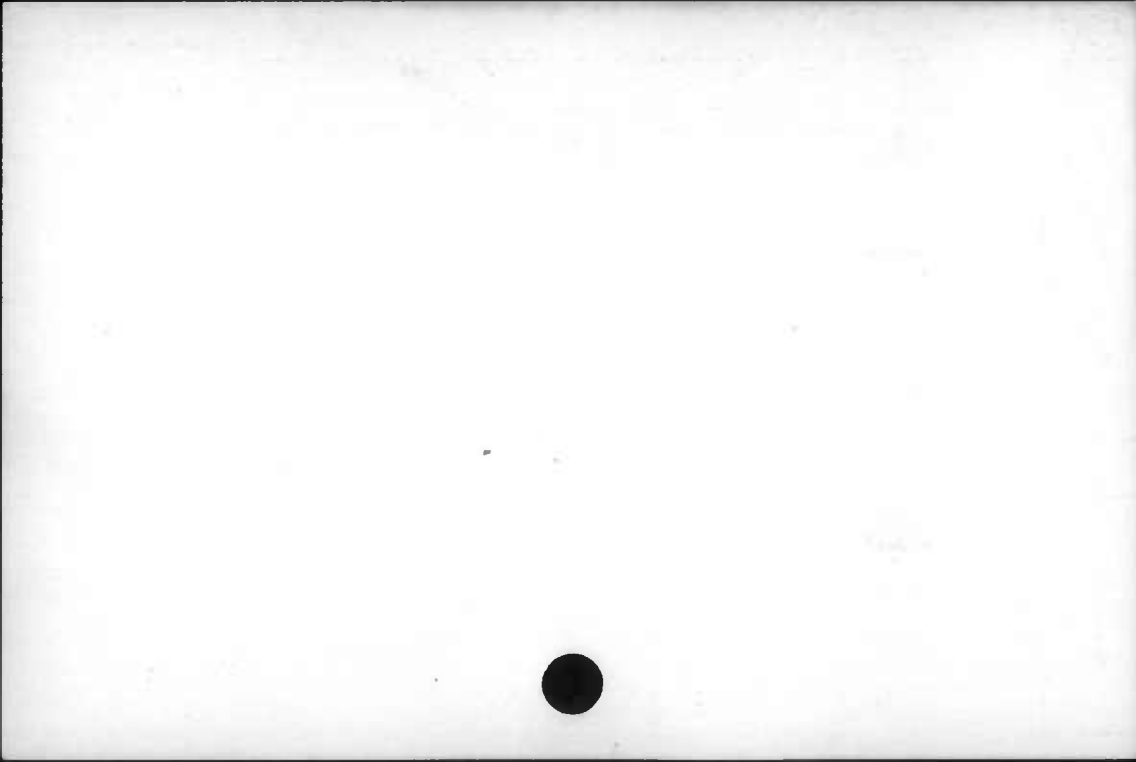
Primary *Chronic Alcoholism* How long *4 yrs*

Immediate *Sudden Heart Failure* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Clayton* Address *Overlea*

Accident or Suicide *Ind*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frances Virginia Stiffler

Town *Hoffmanville* County *Baltimore* MARYLAND

Died at *Hoffmanville* Month *Sept.* Day *6* Age *53* Years Months Days

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Maryland.*

Occupation *Housework* Where Residing if not at place of death *Hoffmanville.*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Stiffler.*

Father's Name *George Hampshire.* Father's Birthplace *Mo.*

Mother's Maiden Name *Elizabeth Smith.* Mother's Birthplace *Mo.*

Name of person giving Information *Andrew J Lloyd.* How related to decedent *Son-in-law.*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Coronary regurgitation* How long *about 2 yrs.*

Immediate *Paralysis of heart.* How long *about 18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo L. Eagle* Address *New Freedom*

Accident or Suicide *—*



Name
in
Full

Geo H. Strain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

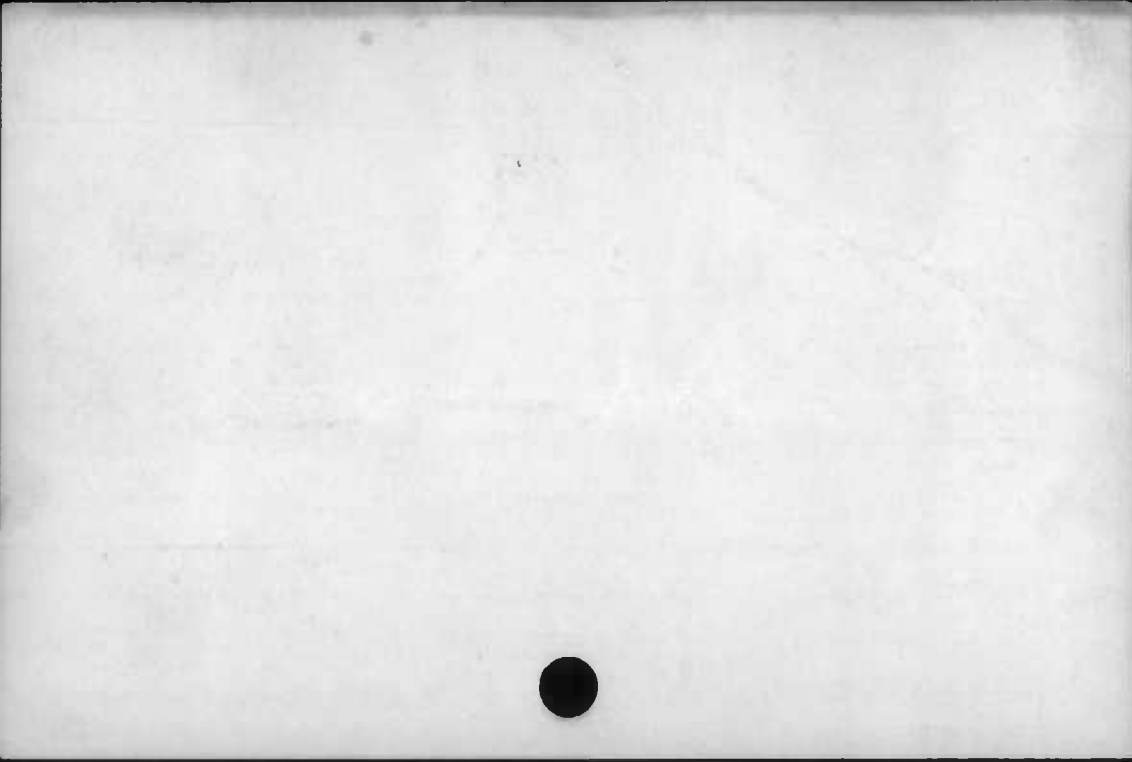
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	7	19		10	12
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Baker			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Alfred Strain			Father's Birthplace	England		
Mother's Maiden Name	Eloisa J. Dickens			Mother's Birthplace	W Va		
Name of person giving information	Eloisa J. Dickens			How related to deceased	Mother		

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	24 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	263 Hall
		Address	1st 11th
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Sadlon</i>		Town <i>Spinn Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spinn Point</i>		Month <i>Sept.</i>		Day <i>25</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>Sept.</i>		Day <i>25</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Spinn Point</i>		Months <i>5</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widow		Name of Wife or Husband					
Father's Name <i>Paul Sadlon</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Annie Drubins</i>		Mother's Birthplace <i>Austria</i>					
Name of person giving Information <i>Paul Sadlon</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>8 weeks</i>
Immediate <i>Enterocolitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Elbert</i>
	Address <i>Spinn Point Md. 15</i>
Accident or Suicide	

St Stanislaus Sept. 26/09
N^m Frackowski

Name
in
Full

Mary Thiemeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arlington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190	Month <i>Sept</i>	Day <i>25</i>	Age <i>49</i>	Years	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>4801 Park Heights Ave</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. H. Thiemeyer</i>						
Father's Name <i>Henry Pfeil</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Elizabeth Pfeil</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>J. H. Thiemeyer</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate	<i>Cardiac asthma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Geo. W. Hummel M.D.</i>
		Address <i>800 Harlem Ave.</i>
Accident or Suicide?	<i>—</i>	



Name
in
Full

Eliza J. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Texas

Town

County

Balt.

MARYLAND

Date

of death

1909

Month

Sept

Day

5th

Age

Years

84

Months

5

Days

Sex

Female

Color or
Race

white

Birth-
place

Ind.

Occupation

Housewife

Where Residing if not
at place of death

Balt. Co. Annschouse

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Dr. Edwin Thomas

Father's
Name

Wm. Hussy

Father's
Birthplace

Ind.

Mother's
Maiden Name

Eliza Ann Smith

Mother's
Birthplace

Ind.

Name of person giving
Information

Register of Annschouse.

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Senility - Chronic Nephritis

How long

1 year

Immediate

Asthma -

How long

1 hour

Are the name, age, sex, color, data
and place correctly given above?

Yes -

Signature of
Physician

Wilmer C. Owen M.D.

Address

Cockeysville
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

John Burnett & Sons
London

For Burial of
John Hopkins
Baltimore City

Name
in
Full

William H. Treadwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Govanus</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>22</u> ^{Day}	Age <u>70</u> ^{Years}	<u>8</u> ^{Months}	<u>11</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>39 Wrenwood Ave</u>		
Married, Single or Widowed	<u>Widower</u>		Name of Wife or Husband <u>Julia A. Treadwell</u>		
Father's Name	<u>John W. Treadwell</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Mary E. Maggus</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving Information	<u>Sarah E. Griffith</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

73

PHYSICIAN
OR CORONER

Primary	<u>Corea. (Huntington)</u>	How long	<u>8 years.</u>
Immediate	<u>Coma.</u>	How long	<u>3 da.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>J. C. Bessard.</u>
		Address	<u>Govanus. Md.</u>
Accident or Suicide	<u>neither</u>		

Forks Christian Church
Cemetery

Sept. 24/1909

Wm Laor

Name
in
Full

William Edward Tull.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

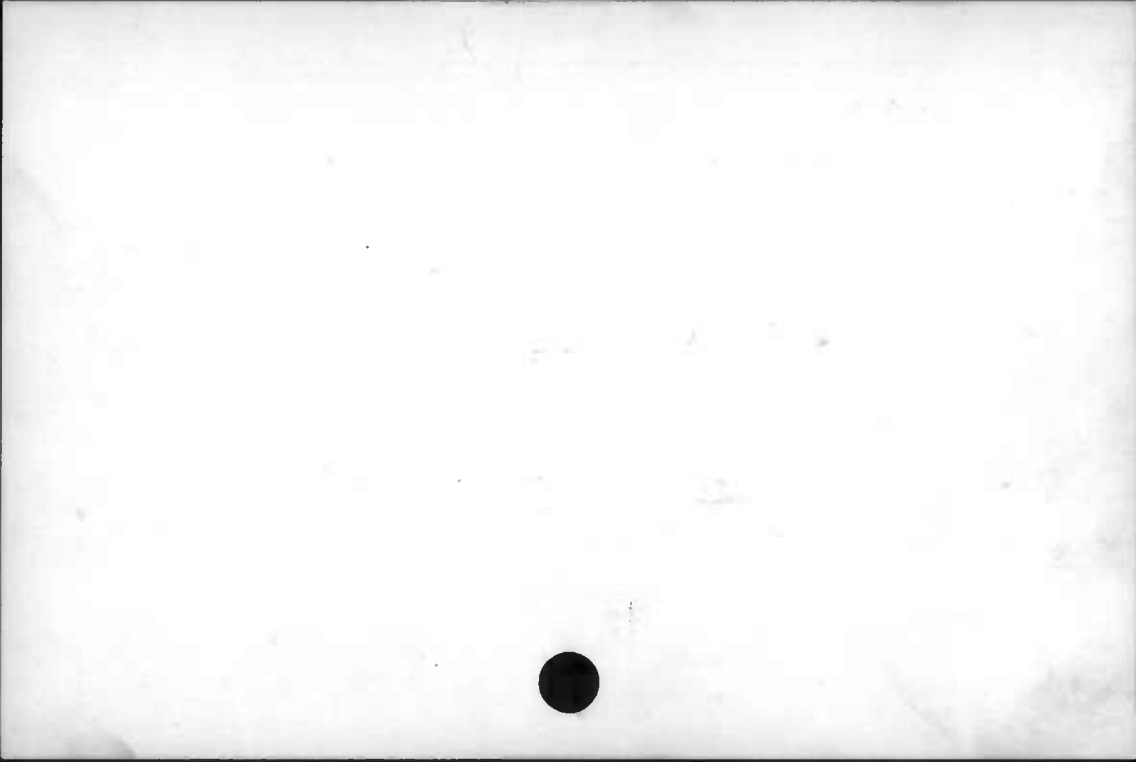
Died at <i>Pikesville</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>23</i>		Age		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Stockton, Md.</i>					
Occupation <i>Infant.</i>		Where Residing if not at place of death <i>Stockton Md.</i>							
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>William Edward Tull</i>		Father's Birthplace <i>Stockton Md.</i>							
Mother's Maiden Name <i>Frances Ward</i>		Mother's Birthplace <i>Stockton Md.</i>							
Name of person giving Information <i>Mrs. Frances Tull</i>		How related to deceased <i>Mother.</i>							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>nine weeks</i>
Immediate	How long
Are the name, age, sex, color, data and place correctly given above? <i>yes.</i>	Signature of Physician <i>Harry Lyman Whittle</i>
	Address <i>906 Forsyth Ave. Baltimore Md.</i>
Accident or Suicide <i>No.</i>	



Name
in
Full

Nath. H. Vinal, (Vinal)

CERTIFICATE OF DEATH

Died at <u>Parkville</u>		Town <u>Parkville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909 Sept.</u>		Month <u>Sept.</u>		Day <u>27</u>		Age <u>35</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Allston, Mass.</u>		Months <u>6</u>	
Occupation <u>Physician & Surgeon</u>		Where Residing if not at place of death <u>Resided as above.</u>		Days <u>22</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Camden, Maine.</u>		Mother's Birthplace <u>Searsport, Maine.</u>	
Father's Name <u>Samuel E. Vinal (Rev.)</u>		Mother's Maiden Name <u>Emma Ripley</u>		How related to deceased <u>Mother.</u>			
Name of person giving Information <u>Mrs. Curtis</u>							

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary 1. Lobar Pneumonia - complicated with
 2. Mitral Regurgitation.

Immediate Failure of compensation.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Lingard W. Pitkin,
Fullerton, Md.
Balt. Co.

How long 1 - about 15 days.
 2 - Some months.
 How long

Accident or Suicide

X

PHYSICIAN
OR CORONER

Mudell Lippel & Son

37 S. Ann St.

St. Mary's Cem.

Sept. 30th / 09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur Lydell Walker

Died at ^{Town} *Quincy* miles^{County} *Baltimore*

MARYLAND

Date

of death

1909

Month

Sept

Day

28

Age

Years

—

Months

8

Days

15

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John W. Walker*Father's
Birthplace*Baltimore City*Mother's
Maiden Name*Mary E. Abbott*Mother's
Birthplace*Baltimore City*Name of person giving
Information*John W. Walker*How related
to deceased*Father*

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary

Eczema

How long

about three months

Immediate

Convulsions

How long

*about 24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. Campbell*

Address

Quincy, Md

Accident or Suicide?

F. A. Krause & Bro
Undertakers -

Name
in
Full

Emma Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Govan</u> ^{Town}		<u>Baile</u> ^{County}		MARYLAND	
Date of death 1909	<u>Sept</u> ^{Month}	<u>10</u> ^{Day}	Age <u>53</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Not known</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Cumbrland Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving Information <u>Edgewood Law. Wm Carter</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Heart & Age, causing fracture leg & internal injuries 1909.</u>		How long
Immediate	<u>Shock and collapse died 1:30 pm.</u>		How long <u>Sept 10. 09</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address	<u>W. S. Curwens Md</u>
Accident or Suicide <u>Accident</u>		<u>Ball & W 25th</u>	
<u>Joseph B. Herbert. Coroner</u>			

Wm Cook

502 E. North Ave

Cumberland Ind.

Saturday Sept. 11. 19

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Welsh

Town

County

Died at

Carlton

Balto.

MARYLAND

Date

of death

1909

Month

Sept

Day

9th

Age

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

House work.

Where Residing if not
at place of death

913 Second St.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Christopher Welsh

Father's
Name

Don't Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary E. Bauers

Mother's
Birthplace

" "

Name of person giving
Information

Albert K. Welsh

How related
to deceased

son

CAUSES OF DEATH

Primary

Mitral Insufficiency

How long

One month

Immediate

Congestion of Lungs

How long

two days

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

W. L. Burke MD

3042 Hudson St

PHYSICIAN
OR CORONER

Accident or Suicide

Sacred Heart Cemetery
Sept. 13th 1909

Lilly and Zeiler

Undertakers -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death

1909

Sept

5

Age

3

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Balto. Co. Md.

Occupation

None

Where Residing if not
at place of death

Garrison

Married, Single
or Widowed

Single

Name of Wife or
Huaband

Father's
Name

John Wesley White

Father's
Birthplace

Balto. Co. Md.

Mother's
Maiden Name

Ellen May Lawson

Mother's
Birthplace

Carroll Co. Md.

Name of person giving
Information

John Wesley Whitcom

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ill. Colitis

How long

2 weeks -

Immediate

Exhaustion

How long

Some days

Are the name, age, sex, color, date
and place correctly given above?

yes -

Signature of
Physician

Address

Henry C. Mayhew
Petersburg

Accident or Suicide

Neither

Trick

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sophie M. Winterling
Grange

Town

County

Baltimore

MARYLAND

Date

of death

1909 9 9

Day

25

Age

Years

—

Months

3

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Grange B. Co.

Occupation

None

Where Residing if not
at place of death

Grange Balto. Co.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Paul Winterling

Father's
Birthplace

Highlandtown B. Co.

Mother's
Maiden Name

Emma Hundermann

Mother's
Birthplace

Baltimore Md.

Name of person giving
Information

Emma Winterling

How related
to deceased

Mother.

CAUSES OF DEATH

95

Primary

Marasmus

How long

2 Mo.

Immediate

Hypostatic Pneumonia

How long

1 day

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Dr. J. Sudler M.D.
3320 E. Balto St

Accident or Suicida

PHYSICIAN
OR CORONER

Sacred Heart Cemetery,

Sept 23rd 1909

Lilly and Geiler

Undertakers

Name in Full Elizabeth Winters		CERTIFICATE OF DEATH	
Died at Town Leedsville		County Balt	
Date of death Month 9 Day 6 Year 1909		Age 73 Months - Days -	
Sex female		Color or Race white	
Occupation none		Birth-place Germany	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband John Winters	
Father's Name unknown		Father's Birthplace Germany	
Mother's Maiden Name unknown		Mother's Birthplace Germany	
Name of person giving information Mary Arold.		How related to deceased Daughter	
CAUSES OF DEATH			
Primary Cardiac Asthma		How long 79	
Immediate Exhaustion		How long 3 mo.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank J. Parks	
		Address Lansdowne, Md.	
Accident or Suicide? -			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jrs. B book

Ballston

Coveley

Name
in
Full

Joseph Peter Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Dunton* Town *Balto* County

Date of death | 90 *9* Month *Apr* Day *18* Age *24* Years Months Days

Sex *Male* Color of Race *White* Birth-place *Balto City*

Occupation *Stenographer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Gladius Wolf* Father's Birthplace *Germany*

Mother's Maiden Name *Mollie Bear* Mother's Birthplace *Balto*

Name of person giving information *Gladius Wolf* How related to deceased *Brother*

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary *Laryngeal Tuberculosis* How long *26*

Immediate *Croup*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. J. Sudley M.D.*

Address *3323 N. Balto St
Highlandtown*

Accident or Suicide?

Mudell Toppel & Son
330 S. Bond St.

Holy Redeemer Chm.
Sept. 20"/09
2 P.M.

Name
In
Full

Wm Charles Lingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	9	Day	26
Age	—		Years	Months	2 1/2 hours
Sex	<u>male</u>		Color or Race	<u>White</u>	
Occupation	—		Birth-place	<u>Towson</u>	
Where Residing if not at place of dasth			—		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Infant</u>		
Father's Name	<u>Harry M. Lingling</u>			Father's Birthplace	<u>Haward Co</u>
Mother's Maiden Name	<u>Katherine Blanch</u>			Mother's Birthplace	<u>Buck Co</u>
Name of person giving Information	<u>H. M. Lingling</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Uraemia ex haematuria from mother</u>		How long	<u>—</u>
Immediata	<u>Asthma</u>		How long	<u>2 1/2 hours</u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <u>R. C. Massenburg</u>		
<u>Yes</u>		Address <u>Towson</u>		
Accident or Suicide				

John Burns Sons

Farm

On Curial ground at

Fellowship Farm

Hill Road